

# MONTANA STATE PLAN & POLICY MANUAL

## CHAPTER THREE

Policy Number: 3-1

Goals & Objectives

Effective/Revised Date: October 1, 2006

### Program Goals and Objectives

#### Purpose

This section provides a description of the State Agency operational goals and objectives of the Special Supplemental Nutrition Program for Women, Infants and Children in accordance with Federal Regulations.

#### Authority

246.4(a)(1)

#### Policy

The State Agency is the administrative designee of USDA for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) under the Department of Public Health and Human Services (DPHHS) in Montana. The State Agency will set goals and objectives for improving Program operations.

#### I. Administrative Goals

- A. Ensure that pregnant, breastfeeding and postpartum women, infants and children from financially qualifying families who are at nutritional risk have expedient access to quality WIC services.
  1. Caseload Management Plan Objectives
    - a. Update and revise the caseload management plan to determine supportable caseload levels.

OBJECTIVE	COMPLETE BY
A community based outreach campaign has been implemented, utilizing promotional products. Have PSA's on cable and broadcast TV and on radio.	On going
Revise three-year forecast of revenues for food and program services and a administration	On Going
Evaluate statewide monthly caseload and forecast expected level for three-year period.	On going

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#### 2. Program Plan Objectives

##### a. Program enhancement within Family and Community Health Bureau.

OBJECTIVE	COMPLETED BY
Implement and evaluate an annual work plan for the WIC Program.	Oct. 31, 2006
Evaluate all clinic sites for participation, costs, equipment and participant travel for services and FI redemption.	Mar. 1, 2007
Determine the minimum participant size of a clinic site under current funding.	Mar. 1, 2007
Establish a training plan for State Office staff.	Dec. 31, 2006
Coordinate training activities with other Maternal and Child Health programs.	On going
Participate in the Family & Community Health Bureau Strategic Planning sessions.	On going
Cooperate and assist with Family & Community Health Bureau Dental Health goals.	On going
Complete work on establishing a Memorandum of Understanding (MOU) with other Child/Nutrition programs (MCH, Immunizations, Head Start, etc.)	Mar. 30, 2007
Complete the second surveying of local staff and participants on the restructuring of the Montana WIC Program.	Dec. 30, 2006

#### 3. Information Services Objectives

##### a. To upgrade the current WIC Automated System to improve the functionality to meet the demands of technology changes. Continue the process of developing a new automated system for WIC.

OBJECTIVE	COMPLETED BY
Re-evaluate system deficiencies and identify top priorities.	Dec. 31, 2007
Correct a minimum of four of the top ranked deficiencies.	Sep. 30, 2007
Improve our service to local agencies by initiating periodic communication to all clinics.	Sep. 30, 2007
Improve our service to State Office personnel by providing faster implementation time for new reports.	Sep. 30, 2007

#### 4. Contract Services Objectives

##### a. Improve contract service and reimbursement of local agency contracts.

OBJECTIVE	COMPLETED BY
Work with funding formula committee to review changes made to FFY07 funding bands for regional contracts. Determine funding bands for FFY2008	Apr. 30, 2007
Study and evaluate the impact to Local Agency WIC Clinics of moving to regional contracts. Make changes to WIC Regions as necessary.	Apr. 30, 2007

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5. Retailer Services Objectives

- a. Fully implement the Retailer Management System of Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.

OBJECTIVE	COMPLETED BY
Revise, reformat and print new Retailer Reference and Local Agency Retailer Coordinator Manuals.	Jun. 30, 2007
New Goal- Produce and distribute updated retailer training video/DVD and support materials (in progress) for participants, retail cahiers, retail management and retail bookkeepers.	On-going
Continue upgrading and improving Retailer State Plan regulations.	On-going
Ensure necessary state rule and regulations are in agreement with all elements of the federal food delivery rule.	On-going
Contact old members of retailer advisory committee and seek new members to activate the Retailer Advisory Committee.	Dec. 31, 2006

6. Nutrition Services Goals

- a. Promote the health of women, infants, children and families in Montana by developing and delivering nutrition services which allow each individual to reach his or her full potential.
- b. Increase to at least 75% the proportion of mothers who exclusively or partially breastfeed their babies in the early postpartum period and increase to at least 50% the proportion who continue breastfeeding until their babies are 6 months old (Healthy People 2010). The current Montana WIC breastfeeding initiation rate per CDC Ped-NSS 2003 data is 74.76%. The current Montana WIC breastfeeding rate at 5-6 months per CDC Ped-NSS data is 30.8%.
- c. Provide valid and consistent nutrition information and services to all participants.

OBJECTIVE	COMPLETED BY
Develop and test assessment tools and materials necessary for implementation of Revision #8 of the Nutrition Risk Criteria, finalize materials to be used and provide regionalized training for all involved local agency staff.	Sep. 30, 2007
Continue to work towards development of an automated nutrition care plan which includes standardized nutrition messages. Such a plan will allow more time for provision of nutrition education and ensure consistent nutrition and breastfeeding messages are provided.	Sep. 30, 2007
Attend VENA Training, complete new nutrition assessment tools and plan local agency training sessions.	Sep. 30, 2007.

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### d. Breastfeeding Goals and Objectives 2007

Objective	Completed By
Expand breastfeeding peer counselor projects to one or two more locations, targeting smaller programs with fewer lactation resources beyond WIC staff and tribal programs.	Sep. 30, 2007
Visit and review the breastfeeding peer counselor projects. Develop review materials for consistent monitoring and evaluation. Review policies and determine revisions required.	Sep. 30, 2007
Adapt standardized care plan which includes breastfeeding education to be computer accessible and printable.	Apr. 30, 2007
Review options for lactation training for peer counselors and WIC staff. Consider CLC training, advanced CLC training, Thomas Hale or Jack Newman among other options.	Jun. 30, 2007
Policies, guidelines and procedures for issuance of breast pumps have been established. Continue with breast pump program as established.	Sep. 30, 2007

## II. 2006 Goals & Objectives Evaluation/Accomplishments

### A. Caseload Management Plan Objectives

Update and revise the caseload management plan to determine supportable caseload levels.

Objective	Completed By
Evaluate statewide monthly caseload and forecast expected level for three-year period.	On going
Revise three-year forecast of revenues for food and program services and administration.	On going
Implement Outreach Plan and increase participation to 73% of estimated eligible participants.	On going

### B. Program Plan Objectives

Program enhancement within Family and Community Health Bureau.

Objective	Completed By
Implement a workplan system to resolve the Federal Management Evaluation issues.	Sept. 30, 2006
Implement and evaluate an annual workplan for the WIC Program.	On going
Resolve backlog of prior years monitoring reports, track current year reports, responses (corrective action plans) and follow-ups.	Oct. 31, 2006
Monitor dual participant resolution on a monthly basis.	Oct. 1, 2006
Evaluate all clinic sites for participation, costs, equipment and participant travel for services and FI redemption.	May 1, 2006
Determine the minimum participant size of a clinic site under current funding.	Sep. 30, 2006
Establish a training plan for State Office staff.	Sep. 30, 2006

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Coordinate training activities with other Maternal and Child Health programs.	On-going
Participate in the Family & Community Health Bureau Strategic Planning sessions.	Sep. 30, 2006
Cooperate and assist with Family & Health Dental Health goals.	On going
Complete work on establishing Memorandum of Understanding (MOU) with other Child/Nutrition Programs (MCH, Immunizations, Head Start, etc.)	Sep. 30, 2006
Complete the second surveying of local staff and participants on the restructuring of the Montana WIC Program.	Sep. 30, 2006

#### C. Information Services Objectives

Revise the WIC Automated System.

Objective	Completed By
Improve the WIC automated system by correcting a minimum of four of the top ranked issues with our automated system.	Sep. 30, 2006
Completed the new software revision.	
Improve the service to the Local Agencies by implementing instant transfers and fixing the clinic purge process.	Sep. 30, 2006
Purge process fixed in new software revision. Instant transfers will be fully implemented by Nov. 2006.	

#### D. Retail Services Objective

Fully implement the Retailer Management System of the Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.

Objective	Completed By
Assure retailer management visits are performed by implementing a tracking system with monthly follow-up by Retailer Coordinator.	Mar. 31, 2006
A tracking spreadsheet has been created in Excel. An automatic reminder was made to review the spreadsheet monthly, and ensure entries are up-to-date. This will ensure timely conclusion of visit requests by local agencies.	August 30, 2006
Assure compliance with federal requirement of minimum number of compliance buys and/or inventory audits of retailers.	Sep. 30, 2006
Compliance buys were initiated in April 2006. Inventory audits will begin in August 2006. An Excel spreadsheet was created to keep track of the investigations by store and also track results of the compliance.	Sep. 30, 2006
Fully implement the Retailer Management System of the Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.	Sep. 30, 2006
On-going work outside continues to improve the data reported by the Montana WIC Program in the vendor management field.	On-going
Continue upgrading and improving Retailer State Plan regulations with required changes.	Dec. 1, 2006
Complete. The State Plan changes await approval from MPRO	
Ensure necessary state rules and regulations are in agreement with all elements of the federal food delivery rule.	Mar. 1, 2006

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Not done. New anticipated completion date is June 30, 2007	
Revise, reformat and print new Retailer Reference and Local Agency Retailer Coordinator Manuals.	Jun. 30, 2006
Not done. New anticipated completion date is June 30, 2007	
Request Operational Adjustment funding for new retailer and participant training videos. Investigate usefulness, availability and costs for retailer training DVD's.	Sep. 30, 2006
OA funds were requested and received for the creation of a new retailer and participant training videos/DVD's. The retailer material will contain separate sections for managers, cashiers, and bookkeepers. A query as to type of desired format (VHS or DVD) is expected to be sent shortly to all authorized retailers.	On-going
Contact old members of retailer advisory committee and seek new members to activate the Retailer Advisory committee.	Jun. 30, 2006
Not done. This list of prior volunteers can not be located. A request for new volunteers will be included in the October 2006 retailer newsletter.	

#### E. Nutrition Services Goals

Provide valid and consistent nutrition information and services to all participants.

Objective	Completed By
Develop and test assessment tools and materials necessary for implementation of Revision #8 of the Nutrition Risk Criteria, finalize materials to be used and provide regionalized training for all involved local agency staff.	Sep. 30, 2006
Continue to work towards development of an automated nutrition care plan which includes standardized nutrition messages. Such a plan will allow more time for provision of nutrition education and ensure consistent nutrition and breastfeeding messages are provided.	Sep. 30, 2006

#### F. Breastfeeding Objectives

Promote, support and protect breastfeeding in the state of Montana.

Objective	Completed By
Adapt standardized care plan which includes breastfeeding education to be computer accessible and printable.	Jan. 1, 2006
This objective has not been completed. It has been carried forward to 2007	
Policies, guidelines and procedures for issuance of breast pumps have been established. Continue with breast pump program as established.	Sep. 30, 2006
On-going and continues again next year. Breast pumps are ordered quarterly by local agency programs. Pump styles are periodically reviewed for addition or deletion to the ordering options.	
Evaluate Peer Counseling Pilot Project after 6 months and evaluate changes need in policy and procedure.	Feb. 1, 2006
The project was evaluated. Two other projects were begun utilizing the Loving Support materials and information from the pilot project. An on-site visit was made. Current policy change being considered was the addition of home visits. While allowed according to our plan, there is not policy in place at this time.	
Request OA funds to continue purchasing necessary breastfeeding education materials.	Jan. 31, 2006
OA funds were received and expended for a variety of breastfeeding materials which were distributed to local agency programs.	
Complete Breastfeeding Chapter for State Plan 2007 to include Peer Counseling Program Goals and Objectives	Aug. 1, 2006
Chapter 7 has been modified to include a policy on the Breastfeeding Peer Counselor Program (Policy 7-5)	

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**2006 Goals & Objectives Evaluation/Accomplishments**

**I. Caseload Management Plan Objectives**

Update and revise the caseload management plan to determine supportable caseload levels.

Objective	Completed By
Evaluate statewide monthly caseload and forecast expected level for three-year period.	On going
Revise three-year forecast of revenues for food and program services and administration.	On going
Implement Outreach Plan and increase participation to 73% of estimated eligible participants.	On going

**II. Program Plan Objectives**

Program enhancement within Family and Community Health Bureau.

Objective	Completed By
Implement a work plan system to resolve the Federal Management Evaluation issues.	Sep. 30, 2006
Implement and evaluate an annual work plan for the WIC Program.	On going
Resolve backlog of prior years monitoring reports, track current year reports, responses (corrective action plans) and follow-ups.	Oct. 31, 2006
Monitor dual participant resolution on a monthly basis.	Oct. 1, 2006
Evaluate all clinic sites for participation, costs, equipment and participant travel for services and FI redemption.	May 1, 2006
Determine the minimum participant size of a clinic site under current funding.	Sep. 30, 2006
Establish a training plan for State Office staff.	Sep. 30, 2006
Coordinate training activities with other Maternal and Child Health programs.	On-going
Participate in the Family & Community Health Bureau Strategic Planning sessions.	Sep. 30, 2006
Cooperate and assist with Family & Health Dental Health goals.	On going
Complete work on establishing Memorandum of Understanding (MOU) with other Child/Nutrition Programs (MCH, Immunizations, Head Start, etc.)	Sep. 30, 2006
Complete the second surveying of local staff and participants on the restructuring of the Montana WIC Program.	Sep. 30, 2006

### **III. Information Services Objectives**

Revise the WIC Automated System.

<b>Objective</b>	<b>Completed By</b>
Improve the WIC automated system by correcting a minimum of four of the top ranked issues with our automated system.	Sep. 30, 2006
Improve the service to the Local Agencies by implementing instant transfers and fixing the clinic purge process.	Sep. 30, 2006
Purge process fixed in new software revision. Instant transfers will be fully implemented by Nov. 2006.	
Improve void/reissue compliance by implementing a system at the local level which determines replacement based on information of returned infant formula.	Dec. 31, 2005
Improve our service to State Office personnel by creating tools to provide needed functionality and provide a mechanism to distribute these tools to State Office personnel workstations.	Sep. 30, 2006

### **IV. Retail Services Objective**

Fully implement the Retailer Management System of the Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.

<b>Objective</b>	<b>Completed By</b>
Assure retailer management visits are performed by implementing a tracking system with monthly follow-up by Retailer Coordinator.	Mar. 31, 2006
Assure compliance with federal requirement of minimum number of compliance buys and/or inventory audits of retailers.	Sep. 30, 2006
Fully implement the Retailer Management System of the Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.	Sep. 30, 2006
Continue upgrading and improving Retailer State Plan regulations with required changes.	Dec. 1, 2006
Ensure necessary state rules and regulations are in agreement with all elements of the federal food delivery rule.	Mar. 1, 2006
Revise, reformat and print new Retailer Reference and Local Agency Retailer Coordinator Manuals.	Jun. 30, 2006
Request Operational Adjustment funding for new retailer and participant training videos. Investigate usefulness, availability and costs for retailer training DVD's.	Sep. 30, 2006
Contact old members of retailer advisory committee and seek new members to activate the Retailer Advisory committee.	Jun. 30, 2006



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**V. Nutrition Services Goals**

Provide valid and consistent nutrition information and services to all participants.

Objective	Completed By
Develop and test assessment tools and materials necessary for implementation of Revision #8 of the Nutrition Risk Criteria, finalize materials to be used and provide regionalized training for all involved local agency staff.	Sep. 30, 2006
Continue to work towards development of an automated nutrition care plan which includes standardized nutrition messages. Such a plan will allow more time for provision of nutrition education and ensure consistent nutrition and breastfeeding messages are provided.	Sep. 30, 2006

**VI. Breastfeeding Objectives**

Promote, support and protect breastfeeding in the state of Montana.

Objective	Completed By
Adapt standardized care plan which includes breastfeeding education to be computer accessible and printable.	Jan. 1, 2006
Policies, guidelines and procedures for issuance of breast pumps have been established. Continue with breast pump program as established.	Sep. 30, 2006
Evaluate Peer Counseling Pilot Project after 6 months and evaluate changes needed in policy and procedure.	Feb. 1, 2006
Request OA funds to continue purchasing necessary breastfeeding education materials.	Jan. 31, 2006
Complete Breastfeeding Chapter for State Plan 2007 to include Peer Counseling Program Goals and Objectives.	Aug. 1, 2006

**VII. Caseload Management Plan Objectives**

Update and revise the caseload management plan to determine supportable caseload levels.

Objective	Completed By
Evaluate statewide monthly caseload and forecast expected level for three-year period.	On going
Revise three-year forecast of revenues for food and program services and administration.	On going
Implement Outreach Plan and increase participation to 73% of estimated eligible participants.	On going

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### Goals & Objectives Evaluation/Accomplishments

#### VIII. Program Plan Objectives

Program enhancement within Family and Community Health Bureau.

Objective	Completed By
Implement a work plan system to resolve the Federal Management Evaluation issues.	Sept. 30, 2006
<b>On going. Expect resolution of ME by Dec. 31, 2006.</b>	
Implement and evaluate an annual work plan for the WIC Program.	On going
<b>On going. Expect plan by Dec. 31, 2006.</b>	
Resolve backlog of prior years monitoring reports, track current year reports, responses (corrective action plans) and follow-ups.	Oct. 31, 2006
<b>Completed.</b>	
Monitor dual participant resolution on a monthly basis.	Oct. 1, 2006
<b>Completed.</b>	
Evaluate all clinic sites for participation, costs, equipment and participant travel for services and FI redemption.	May 1, 2006
<b>On going. Will be part of further regionalization.</b>	
Determine the minimum participant size of a clinic site under current funding.	Sep. 30, 2006
<b>On going. Will be part of further regionalization.</b>	
Establish a training plan for State Office staff.	Sep. 30, 2006
<b>On going. Expect plan by Dec. 31, 2006.</b>	
Coordinate training activities with other Maternal and Child Health programs.	On-going
Participate in the Family & Community Health Bureau Strategic Planning sessions.	Sep. 30, 2006
Cooperate and assist with Family & Health Dental Health goals.	On going
Complete work on establishing Memorandum of Understanding (MOU) with other Child/Nutrition Programs (MCH, Immunizations, Head Start, etc.)	Sep. 30, 2006
Complete the second surveying of local staff and participants on the restructuring of the Montana WIC Program.	Sep. 30, 2006

**IX. Information Services Objectives**

Revise the WIC Automated System.

<b>Objective</b>	<b>Completed By</b>
Improve the WIC automated system by correcting a minimum of four of the top ranked issues with our automated system.	Sep. 30, 2006
<b>Completed the new software revision.</b>	
Improve the service to the Local Agencies by implementing instant transfers and fixing the clinic purge process.	Sep. 30, 2006
<b>Purge process fixed in new software revision. Instant transfers will be fully implemented by Nov. 2006.</b>	
Improve void/reissue compliance by implementing a system at the local level which determines replacement based on information of returned infant formula.	Dec. 31, 2005
<b>Completed in new software revision.</b>	
Improve our service to State Office personnel by creating tools to provide needed functionality and provide a mechanism to distribute these tools to State Office personnel workstations.	Sep. 30, 2006
<b>Created state office functions program.</b>	

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**X. Retail Services Objective**

Fully implement the Retailer Management System of the Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.

<b>Objective</b>	<b>Completed By</b>
Assure retailer management visits are performed by implementing a tracking system with monthly follow-up by Retailer Coordinator.	Mar. 31, 2006
Assure compliance with federal requirement of minimum number of compliance buys and/or inventory audits of retailers.	Sep. 30, 2006
Fully implement the Retailer Management System of the Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.	Sep. 30, 2006
Continue upgrading and improving Retailer State Plan regulations with required changes.	Dec. 1, 2006
Ensure necessary state rules and regulations are in agreement with all elements of the federal food delivery rule.	Mar. 1, 2006
Revise, reformat and print new Retailer Reference and Local Agency Retailer Coordinator Manuals.	Jun. 30, 2006
Request Operational Adjustment funding for new retailer and participant training videos. Investigate usefulness, availability and costs for retailer training DVD's.	Complete
Contact old members of retailer advisory committee and seek new members to activate the Retailer Advisory committee.	Jun. 30, 2006

**XI. Nutrition Services Goals**

Provide valid and consistent nutrition information and services to all participants.

<b>Objective</b>	<b>Completed By</b>
Develop and test assessment tools and materials necessary for implementation of Revision #8 of the Nutrition Risk Criteria, finalize materials to be used and provide regionalized training for all involved local agency staff.	Sep. 30, 2006
<b>Not completed. Revision #8 deadline moved back to Sep. 30, 2007.</b>	
Continue to work towards development of an automated nutrition care plan which includes standardized nutrition messages. Such a plan will allow more time for provision of nutrition education and ensure consistent nutrition and breastfeeding messages are provided.	Sep. 30, 2006
<b>Not completed. Continue to work on (on going).</b>	

**XII. Breastfeeding Objectives**

Promote, support and protect breastfeeding in the state of Montana.

<b>Objective</b>	<b>Completed By</b>
Adapt standardized care plan which includes breastfeeding education to be computer accessible and printable.	Jan. 1, 2006
Policies, guidelines and procedures for issuance of breast pumps have been established. Continue with breast pump program as established.	Sep. 30, 2006
Evaluate Peer Counseling Pilot Project after 6 months and evaluate changes needed in policy and procedure.	Feb. 1, 2006
Request OA funds to continue purchasing necessary breastfeeding education materials.	Jan. 31, 2006
Complete Breastfeeding Chapter for State Plan 2007 to include Peer Counseling Program Goals and Objectives.	Aug. 1, 2006

## **State Agency Staffing Pattern**

### **Purpose**

The staffing pattern and general responsibilities of each position ensure the state-level responsibilities of the WIC Program are met.

### **Authority**

246.3(e) and 246.4(a)(4)

### **Policy**

The WIC Program is located in the Nutrition Section of the Family and Community Health Bureau (FCHB). The FCHB Chief reports to the Public Health and Safety Division (PHSD) Administrator who reports to the Director of the Department of Public Health and Human Services (DPHHS). The DPHHS Director reports to the Governor.

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## **WIC Staff**

### **I. Health Services Manager: 1.0 FTE (Full Time Equivalent)**

- ◆ Incumbent: Joan Bowsher
- ◆ Designation: Nutrition Section Supervisor
- ◆ Position Requirements: Degree in Business, Nutrition, Public Administration or Public Health (preferably with major work in health, human services, administration or nutrition).
- ◆ Responsibilities: responsible for administration of the WIC and FMNP Programs in Montana.

### **II. Administrative Assistant: .75 FTE**

- ◆ Incumbent: Dwan Winden
- ◆ Designation: Administrative Assistant
- ◆ Responsibilities: office management; local WIC program name, telephone and address changes; orders for forms; local WIC program signature cards; inventory control; equipment purchases; filing/records management; travel arrangements; competency testing records; and continuing education records and various administrative support functions for FMNP.

### **III. Human Services Specialist: 1.0 FTE**

- ◆ Incumbent: Joyce Taranik
- ◆ Designation: Administrative and Retailer Section Lead
- ◆ Responsibilities: development, implementation and administration of the WIC/FMNP Programs as it relates to the administration of grants, service delivery through contracts with WIC local agencies, retailers and oversight of other contracts related to benefit delivery including but not limited to banking services, infant formula rebates. This position serves as the technical lead of the Administrative and Retailer Section Unit.

**IV. Program Specialist: .75 FTE**

- ◆ Incumbent: Michelle Sanchez
- ◆ Designation: Administrative and Retailer Section Member
- ◆ Responsibilities: contract management and expenditure reports; caseload management; writing instructions for implementation of policies on categorical and financial eligibility; training of local program staff on the automated WIC system; monthly reports (potential duals, racial/ethnic, participation and waiting lists) and duties as assigned related to contracting, expenditure reimbursement and monitoring for FMNP.

**III. Program Specialist: 1.0 FTE**

- ◆ Incumbent: Trish Kurek
- ◆ Designation: Administrative and Retailer Section Member
- ◆ Responsibilities: retailer agreements; retailer data system; retailer and retailer coordinator training; retailer report updates; retailer newsletter; retailer coordinator newsletter; policies concerning food instrument redemptions and corrections; instructions to implement policies concerning infant formula rebate reporting; policies for retailer on-site visits; policies for retailer training, both manual and on-site; handling participant complaints; handling retailer complaints; writes policies for retailer and participant fraud; TIP reporting and creating and reviewing training materials for retailers and participants and duties as assigned for FMNP.

**V. Retailer Specialist: 1.0 FTE**

- ◆ Incumbent: Vacant
- ◆ Designation: Administrative and Retailer Section Member
- ◆ Responsibilities: retailer contract record-keeping; review and approval of rejected checks submitted by retailers; works with retailers and bank to provide payment for checks lost in the banking system; WIC System food price updates; bank output control monitoring; distribution of newsletters, surveys and training materials for retailers, retailer liaisons and participants; and maintaining mailing lists for retailers and retailer liaisons and duties as assigned for FMNP.

**VI. Information Systems Specialist IV - Applications: 1.0 FTE**

- ◆ Incumbent: Mark Walker
- ◆ Designation: Information Services Unit Lead
- ◆ Responsibilities: technical aspects of the WIC Automated Data Processing System; performs professional and technical training and planning, and implementation duties for WIC computer systems; defines and delineates problems, establishes system requirements, and prepares specifications to include inputs, outputs, processing, and linkages with other application systems in order to provide data elements necessary for program management, evaluation, and reporting and duties as assigned for FMNP.

**VII. Information Systems Specialist III - Applications: 1.0 FTE**

- ◆ Incumbent: Richard Jokela
- ◆ Designation: Information Services Unit Member
- ◆ Responsibilities: technical aspects of the WIC Automated Data Processing System; performs professional and technical training and planning, and
- ◆ implementation duties for WIC computer systems; defines and delineates problems, establishes system requirements, and prepares specifications to include inputs, outputs, processing, and linkages with other application systems in order to provide data elements necessary for program management, evaluation, reporting; fulfills duties as Information Services Unit Project Manager and lead staff member of the Information Services Unit; and duties related as assigned for FMNP.

**VIII. Information Systems Specialist II: 1.0 FTE**

- ◆ Incumbent: Bobbi Walker
- ◆ Designation: Information Services Unit Member
- ◆ Responsibilities: WIC System Help Desk; system trouble-shooting; technical assistance to Local WIC Programs; WIC System Training; maintaining all technical manuals and WIC Information Services publications; food instrument inventory and duties as assigned for FMNP

**IV. Nutritionist: 1.0 FTE**

- ◆ Incumbent: Chris Fogelman
- ◆ Designation: Nutrition Services Section Member/State Breastfeeding Coordinator
- ◆ Position Requirements: Master's Degree in Nutrition; two years experience in public health nutrition. Must be a registered dietitian and a licensed nutritionist in Montana.
- ◆ Responsibilities: nutrition policy decisions; nutrition education resources for WIC women; nutrition education; nutrition education plan; training & education; local WIC program staff competency testing; continuing education approval; continuing education credits; nutrition eligibility; food packages; authorized foods; technical advice about high risk participants; pediatric nutrition education resources; nutrition surveillance; WIC outreach; authorization of special formulas manages the Breastfeeding Peer Counsel Grant and manages FMNP Grant.

**V. Nutritionist: 1.0 FTE**

- ◆ Incumbent: Kim Mondy, RD
- ◆ Designation: Nutrition Services Section Member/State Nutrition Coordinator
- ◆ Position Requirements: Master's Degree in Nutrition; two years experience in public health nutrition. Must be a registered dietitian and a licensed nutritionist in Montana.
- ◆ Responsibilities: nutrition policy decisions; nutrition education resources for WIC women; nutrition education; nutrition education plan; training & education; local WIC program staff competency testing; continuing education approval; continuing education credits; nutrition eligibility; food packages; authorized foods; technical advice about high risk participants; pediatric nutrition education resources; nutrition surveillance; WIC outreach; and authorization of special formulas and duties related to nutrition education and monitoring as assigned for FMNP.



## **Financial Management Services**

### **Purpose**

This section provides a description of the State Agencies methodology in determining funding disbursement

### **Authority**

246.13

### **Policy**

The State Agency will work with the Funding Formula Committee to ensure fair and appropriate funding to all Local Agencies.

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## **Guidelines**

### **I. State WIC Agency Responsibilities**

- A. Determine distribution of food dollars and administrative funds to local programs. Administrative funds for local programs are determined by review of local program operations, local budget requests and funding allocation methodology.
- B. Determine budget for State WIC Agency.
- C. Pay local programs monthly in accordance with contract on expenditure report requests. Local programs must send in expenditure reports for the previous month's expenditures by the 28th of the next month, unless other arrangements have been made. Warrants are issued by the State WIC Agency and payments are received by the local programs.
- D. Make drawdowns against the letter of credit. Funds drawn are based on current average expenditures for the state WIC agency as reflected in the SABHRS System, and on current requests for reimbursement from local programs. A request is made to USDA for the estimated amount needed for no more than 3 days of operation.
- E. Maintain documented, accurate and ongoing reports of State WIC Agency expenditures via the SABHRS system. Financial records are maintained which account for all expenditures and letter of credit withdrawals for the Montana WIC Program Section.
- F. The SABHRS System meets all basic accounting principles as outlined in OMB Circular A-102. The accounting system complies with all general legal provisions and fully discloses the financial position and results of financial operations of the WIC Program.
  1. The accounting system is organized on a fund/account basis (accounting entity). An accounting entity is defined as an independent fiscal entity with a self-balancing set of accounts provided to record assets or other resources together with all related liabilities, obligations, reserves and equities which are segregated for the purpose of carrying on specific governmental activities or attaining certain objectives in accordance with specific regulations, restrictions or limitation.

2. Financial records and reports are prepared at least monthly and at the close of each fiscal year covering all accounting entities and financial operations of State government.
  3. As a rule, expenditures are charged to the fiscal year in which they were incurred. Expenditures are recorded on the basis of valid obligations when contractual agreements overlap fiscal periods.
- G. Operate data processing system for reconciliation of food instruments.
- H. Negotiate contract with banking institution to process food instruments and pay food retailers.
- I. Notify and request prior approval from FNS for any equipment purchases exceeding \$5,000.00.

## **II. Distribution of Administrative Funds**

Funding is dependent on Federal Grant Award received.

- A. Start-up Funds - If and when expansion monies are available, any new local programs will receive start-up funds in accordance with DPHHS contractual policy and applicable State law.
- B. Administrative awards to local programs will be based on served caseload bands or “per participant funding”, an inflation factor and consideration of other factors. Caseload is based on an average of actual participants served during most recent six or twelve months of participation information, whichever is higher.

## **Information Services**

### **Purpose**

This Section provides a description of the Information Services operation procedure.

### **Authority**

7CRF 246

### **Policy**

The Information Services Unit of the State WIC Program is responsible for the day-to-day activities of all computer systems supporting the WIC program.

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### **Guidelines**

#### **I. Introduction**

##### **A. Computer System Support**

1. The Information Services Unit provides a hardware and software environment to sustain the State Central Processing Computer, State Office and Local Agency WIC systems, VMS (Vendor Management), AWACS (Agency Wide Accounting and Client System) and SABHRS fiscal support systems.
2. The Information Services Unit runs unattended nightly processing which updates the Central Processing Computer system with certification, food instrument issuance and related bank payments and other updates to participant records. The Central Processing Computer is a master repository of the information held on Local Agency WIC systems. This information is used for monthly reporting, aggregating data and to rebuild clinic systems if necessary.

#### **II. Reports**

##### **A. Daily**

The daily report provides information on clinic upload/download status and file transfer, possible dual participant, food instrument information and errors in processing, etc.

##### **B. Monthly**

1. Several monthly reports are run.
  - a. The WIC monthly reports provide information on participation data, potential duals, waiting lists, racial/ethnic data and food dollars spent.
  - b. The VMS monthly report provides information to the VMS section regarding food instrument information on a vendor basis to identify fraud and abuse.
  - c. The Infant Formula Rebate is run to identify amounts of formula that should be included in the infant formula rebate program utilizing the VMS.

##### **C. Ad Hoc**

1. Frequently run at the request of state staff, local agency staff, legislature and other political parties.

## **Nutrition Services**

### **Purpose**

This Section provides a description of the Nutrition Services Unit responsibilities

### **Authority**

7CFR 246.11

### **Policy**

The Nutrition Services Section of the State Agency is responsible for ensuring that the nutrition component of the WIC program is in compliance with the Federal Regulation.

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### **Guidelines**

#### **I. State Agency Responsibilities**

- A. In the provision of nutrition education the Nutrition Services Section is responsible for:
  - 1. Development and coordination of the nutrition education component of the Montana WIC Program including section goals for program operations;
  - 2. Establishing standards for nutrition/medical eligibility;
  - 3. Collecting and analyzing program nutrition data for use in program planning and evaluation;
  - 4. Providing in-service training and technical assistance to local agency staff in matters of nutrition education and management of breastfeeding;
  - 5. Identifying or developing resources for nutrition education and breastfeeding promotion and management;
  - 6. Establishing standards for the provision of nutrition education and breastfeeding education;
  - 7. Establishing standard for breastfeeding promotion and support;
  - 8. Developing and implementing procedures to ensure that nutrition education is offered to all participants or the parent/guardian of infants and children; and
  - 9. Evaluating local agencies nutrition education activities (including those for breastfeeding) and ensuring compliance with the nutrition education provisions in the Federal Regulations.

## **Retailer Services**

### **Purpose**

This section provides a description of the Retailer Services Unit responsibilities.

### **Authority**

7CFR 246.12

### **Policy**

The State WIC Agency is responsible for ensuring the state compliance with the Federal Retailer rules and regulation.

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## **Guidelines**

### **I. State Agency Responsibility**

- A. The State WIC Agency Administrative and Retailer Unit assume responsibility for the creation and distribution of the following:
  - 1. Retailer training materials and newsletter.
  - 2. Coordinator training materials and newsletter.
  - 3. Selected participant handouts (in conjunction with the Nutrition Services Unit).
  - 4. Participant Fraud Complaints.
  - 5. Retailer Fraud Complaints.
  - 6. Selecting/scheduling retailer visits.
  - 7. Compliance purchases.
  - 8. Organize/schedule annual retailer/retailer coordinator training.
  - 9. Retailer applications review and subsequent contracts.
  - 10. Retailer selection criteria.

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**CHAPTER THREE**

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Policy Number: 3-7

Federal Reports

Effective/Revised Date: October 1, 2005

## **Federal Reporting Requirements**

### **Purpose**

This section lists the required Federal Reports

### **Authority**

7CFR 246.25

### **Policy**

The State Agency is responsible for ensuring the timelines of required Federal reports.

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## **Guidelines**

### **I. Required Federal Reports**

<b>Report Title</b>	<b>Person Responsible for Preparing and Accuracy of Report</b>	<b>Date Due</b>
FNS-798	Joyce Taranik, Human Services Specialist, (406) 444-6369	Monthly - by the 30th
FNS-798 & 798A Close Out Report	Joyce Taranik, Human Services Specialist, (406) 444-6369	120 days after FYE
TIP Report	Trish Kurek, Program Specialist, (406) 444-5530	Annually -January 31

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### Local Program Address List

The Local WIC Agency Address/Telephone Number List will be updated as changes are received.

Local Agency	Clinic	Director	Mailing Add	Physical Add	City	St	Zip	Phone	Fax	Days/Hours Open
<b>REGION 1 - BEAVERHEAD</b>										
01101	Beaverhead Co. WIC Program	Jill Pulaski RD	90 Hwy 91 So	Barrett Memorial Hosp.	Dillon	MT	59725	683-9811 or 683-3041 (hospital)	683-9216	Wed 10:00-4:00
29201	Ruby Valley WIC Clinic			Ruby Valley Clinic/Hospital	Sheridan	MT	59749	842-5453 or 683-9811		
<b>REGION 2 - BROADWATER</b>										
04101	Broadwater Co. WIC Program	Linda Campbell RN	124 N Cedar		Townsend	MT	59644	266-5909, x25	266-3940	Mon., Tues, Thurs 9:00-5:00
22101	Jefferson Co. WIC Program		PO Box 872	214 South Main	Boulder	MT	59632	225-4231	225-9473	Mon 9:00-4:00 once a month
22101	Jefferson Co. WIC Program			11 East Legion	Whitehall	MT		287-3249	579-0294	Mon 9:00-4:00 once a month
29101	Meagher Co.				White Sulphur Springs	MT		547-3752, x4		1 <sup>st</sup> Wed. 9:00-3:00 2 <sup>nd</sup> Wed every other month
<b>REGION 3 - CASCADE</b>										
07101	Cascade Co. WIC Program	Carol Keaster RN	115 4th Street So		Great Falls	MT	59401	454-6953	454-6953	Mon., Wed., Thurs., Fri., 8:00-5:00; Tues 9:00-6:00
<b>REGION 4 - CUSTER</b>										
09101	Custer Co. WIC Program	Vicky Tusler	2200 Box Elder Ste 151		Miles City	MT	59301	234-6034 or 800-224-6034	234-7018	Mon 1:00-5:00, Tues, Wed, Thurs 9:00-5:00
44301	Ashland WIC Program		PO Box 47	Ashland Community Health Ctr, Hwy 212 and Forest	Ashland	MT	59003	784-2346 or 2349; or 800-224-6034		2nd Mon
02101	Big Horn Co. WIC Program		809 N Custer		Hardin	MT	59034	665-8727	665-1025	Mon 12:00-5:00; Tues 8:00-12:00
06101	Carter Co. WIC Program		Box 820		Baker	MT	59313	778-2824 or 775-8738 (clinic days)		3rd Tues. 9:00-4:00 (every other month)
44201	Colstrip WIC Program		PO Box 750	Human Svcs Bldg	Colstrip	MT	59323	748-2800 or 800-224-6034	748-3670	1st Tues 10:00-5:00
13101	Fallon Co. Health Dept/WIC Program		Box 820	205 So 4th St West	Baker	MT	59313	778-2824	778-2819	

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44101	Forsyth WIC Program		PO Box 268	Rosebud Health Care Ctr 383 N 17th	Forsyth	MT	59327	346-4350, 346-4266 or 800-224-6034	346-4242	1st and 3rd Wed 9:30-5:00
38101	Powder River Co. WIC Program			2200 Box Elder Ste 151	Miles City	MT	59310	800-224-6034		3rd Wed 9:00-3:00
52101	Treasure Co. WIC Program		Box 201	Hysham Clinic	Hysham	MT	59038	342-5886 or 800-224-6034		3rd Tues., 9:00-12:00
<b>REGION 5 - DAWSON</b>										
11101	Dawson Co. WIC Program	Connie Udem	207 West Bell		Glendive	MT	59330	377-5215	377-2022	Mon, Wed 8:00-5:00
55101	Wibaux Co. WIC Program		PO Box 117	Courthouse	Wibaux	MT	59353	795-2485		3rd Tues, 1:00-5:00 (even months)
28101	McCone Co. WIC Program			Med Asst Facility	Circle	MT	59259	485-2444		2nd Tues, 9:30-1:00
40101	Prairie Co. WIC Program			Prairie Clinic, 409 Bowen	Terry	MT	59349	635-5863		1st Tues 1:00-5:00 (odd months)
<b>REGION 6 - DEER LODGE</b>										
12101	Deer Lodge Co. WIC Program	Linda Best RN	PO Box 970	115 W Commercial Ave	Anaconda	MT	59711	563-7863	563-2387	Tues through Thurs 8:00-5:00
<b>REGION 7 - FERGUS</b>										
14101	Fergus Co. WIC Program	Jane Timpano	300 First Ave No.	300 First Ave No.	Lewistown	MT	59457	535-4928 or 1-800-766-3018	535-2843	Wed, Thurs 8:00-5:00, Fri 8:00-12:00
19101	Golden Valley Co. WIC Program			Bair Memorial Clinic	Harlowtown	MT		535-4928 or 1-800-766-3018		
23101	Judith Basin Co. WIC Program			Basin Medical Ctr.	Stanford	MT		535-4928; 1-800-766-3018		3rd Tues, 9:00-4:00, of odd months
35101	Petroleum Co. WIC Program			300 First Ave N	Lewistown	MT	59457	535-4928, 800-766-3018		
54101	Wheatland Co. WIC Program			Bair Memorial Clinic	Harlowtown	MT		535-4928 or 800-766-3018		4th Tues of odd months 9:00-4:00
<b>REGION 8 - FLATHEAD</b>										
15101	Flathead Co. WIC Program	Jeannie Lund RD	1035 First Ave West		Kalispell	MT	59901	751-8170	751-8171	Mon-Fri 8:00-5:00
15201	Columbia Falls WIC Program				Columbia Falls	MT		892-4811		Wed and Thurs, 9:00-4:00
<b>REGION 9 - GALLATIN</b>										
16101	Gallatin Co. WIC Program	Margaret (Peggy) Conwell	12 North Third RM 101		Bozeman	MT	59715	582-3115 or 3116	582-3112	Mon-Fri 8:00-5:00; some Tues & Wed 8:00-6:30, varies
34101	Park Co. WIC Program			Washington School, 315 N 8th	Livingston	MT	59047	222-4189		Every Thurs, 9:00-4:00



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16201	West Yellowstone WIC Program			Community Bldg, 236 Yellowstone Ave	West Yellowstone	MT		582-3115		1st Wed even months 11:00-as needed
	MSU WIC			MT State University, 101 B Julia Martin B	Bozeman	MT	59715	582-3115		2nd Wed 9:00-4:00; 3rd Tues 11:00-6:00
<b>REGION 10 - HILL</b>										
21101	Hill Co. WIC Program	Kari Dawson RN	315 4th St	Courthouse Annex, 302 4th St	Havre	MT	59501	265-5481, x266	265-6976	Mon - Fri 9:00-12:00
26101	Liberty Co. WIC Program		Box 705	Liberty Co. Health Office	Chester	MT	59522	759-5517 or 265-5481, x266		1st Wed 9:00-5:00
03101	Blaine Co. WIC Program		Courthouse Annex, Box 278		Chinook	MT	59523	357-2345 or 357-2199, 265-5481, x266		Every other Fri. 9:00-5:00; after hours by appt.
<b>REGION 11 - LAKE</b>										
24101	Lake Co. WIC Program	Linda Davis RN	802 Main Street		Polson	MT	59860	883-7308 or 866-556-4205	883-7290	Mon - Fri 8:30-4:00
<b>REGION 12 - LEWIS &amp; CLARK</b>										
25101	Lewis & Clark Co. WIC Program	Maggie Petaja	1930 9th Ave.		Helena	MT	59601	457-8912	457-8990	Mon - Thur 8:00 - 6:00 Fri 8:00-5:00
<b>REGION 13 - LINCOLN</b>										
27101	Lincoln Co. WIC Program	Linda Wagner	933 Farm to Market Ste A		Libby	MT	59923	293-5711	293-5835	Mon 8:30-12:00, Wed 8:30-5:00, Tues & Thurs
27201	North Lincoln Co. Annex			152 Hwy 37	Eureka	MT	59917	296-2751		1st and 3rd Tues & Wed, 9:00-4:00
27301	Troy WIC Program			Troy Community Baptist Church, 203 So. 4th	Troy	MT	59935			1st & 3rd Thurs 9:00-4:00
<b>REGION 14 - MISSOULA</b>										
32101	Missoula Co. WIC Program	Mary Pittaway	301 West Alder Street		Missoula	MT	59801	258-4740	258-4906	Mon-Wed, 8:00-5:00
32501	Lolo WIC Program			Spirit of Christ Cath Church	Lolo	MT		273-0197		4th Tues.
32601	UofM			UofM	Missoula	MT		728-8253		2nd Tues.
32901	South Ave. Location			Nazarene Church 2339 26th Ave	Missoula	MT		542-7747		4th Thurs, 10:00-4:30; 1st Mon 8:20-4:00
32201	Seeley Lake WIC Program			Faith Chapel Church	Seeley	MT		677-2220		Fri 8:00-5:00
32401	Frenchtown WIC Program			St. John The Baptist Church	Frenchtown	MT		626-4492		1st Tues.
	Lolo WIC Program				Lolo	MT		293-5711		

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20101	Drummond (Granite Co.) WIC Program			25 East Broadway	Drummond	MT		523-4740 (Missoula)		1st Mon 8:20-4:00
20101	Philipsburg (Granite Co.) WIC Program			Granite Co. Memorial Hosp.	Philipsburg	MT		523-4740 (Missoula)		3rd ? 8:20-4:00
<b>REGION 15 - RAVALLI</b>										
41101	Ravalli Co. WIC Program	Jackie Genis	205 Bedford Ste P		Hamilton	MT	59840	375-6685	375-6690	Mon-Thurs, 8:00-5:00
41201	Stevensville WIC Program			United Methodist Church 216 College	Stevensville	MT		375-6688	376-6687	Every Wed 9:00-3:30 except the 5th Wed.
41301	Darby WIC Program			Community Club House, Main St	Darby	MT		375-6691		3rd Mon 9:00-3:40
41501	Victor WIC Program			Church of the Nazarene , A Street	Victor	MT		375-6685 (front desk)		2nd Mon 9:00-3:40
<b>REGION 17 - SANDERS</b>										
45101	Sanders Co. WIC Program	Cindy Morgan RN	PO Box 519	1111 Main St., Rm 105	Thompson Falls	MT	59873	827-6931	827-4388	Mon-Fri, 8:00-5:00
31101	Mineral Co. WIC Program		PO Box 488	Brooklyn and Roosevelt	Superior	MT	59872	822-3564	822-3745	Monday, 8:30-5:00
45201	Plains WIC Program			Aplains Alliance Church	Plains	MT		827-6931		1st & 2nd Tues 9:00-3:00, 3rd Tues 10:00-12:00
45301	Noxon WIC Program			Noxon Senior Ctr	Noxon	MT		827-6931		4th Mon, 10:00-Noon
45301	Heron WIC Program			Heron Community Ctr.	Heron	MT		827-6931		4th Mon, 1:00-3:00
45401	Lone Pine WIC Program			Lone Pine Hall	Lone Pine	MT		827-6931		3rd Tues. 1:30-3:00
<b>REGION 18 - SHERIDAN</b>										
46101	Sheridan Co. WIC Program	Susan Tefre RN	100 West Laurel Ave	Public Health Dept.	Plentywood	MT	59254	765-3473 or 3410	765-3495	2nd Mon 9:00-5:00, 3rd Wed
10101	Daniels Co. WIC Program			St. Philip Bonitus Catholic Church	Scobey	MT		765-3473		3rd Tues 9:30-4:00
42101	Richland Co. WIC Program			221 Fifth St SW	Sidney	MT	59270	433-2207	433-6895	Tues & Wed 8:00-5:00, alt times avail
42201	Fairview/Migrant WIC Program			MT Migrant Council	Fairview	MT		742-5201		1st Tues of month, Wed evening as needed during (Migrant seasons)
43101	Roosevelt Co. WIC Program			Roosevelt Memorial Ctr	Culbertson	MT		433-6923	433-6895	3rd Thurs 9:30-5:00

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REGION 19 – SILVER BOW										
47101	Silver Bow Co. WIC Program	Jamie Johnson	25 West Front Street		Butte	MT	59701	497-5060	782-8150	Mon-Fri., 8:00-5:00
39101	Powell Co. WIC Program		PO Box 716	304 Milwaukee #23	Deer Lodge	MT	59722	846-2420	846-3436	Mon-Thurs 8:00-4:30
REGION 20 - TETON										
50101	Teton Co. WIC Program	Lora Wier RN	905 4th St NW		Choteau	MT	59422	466-2562	466-5292	1st & 3rd Mon., 8:00-5:00; 3rd Tues. 1:00-4:00
08101	Choteau Co. WIC Program		PO Box 459	1020 13th Street	Fort Benton	MT	59442	622-3771	622-3848	Mon Tues Wed 8:00-5:00 (Health Dept Mon-Fri 8:00-5:00)
18101	Glacier Co. WIC Program			1210 E Main	Cut Bank	MT	59427	873-2969	873-2125	last Mon Tues Wed of every month
37101	Pondera Co. WIC Program			809 Sunset Blvd.	Conrad	MT	59425	271-3247	271-3248	Mon-Thurs, 8:00-5:00, 2nd full week
50201	Fairfield WIC Program				Fairfield	MT		590-5125		4th Mon and Tues., 9:00-12:00
51101	Toole Co. WIC Program			Toole Co. Health Dept, 402 and 226 1st St S	Shelby	MT	59474	424-5169	424-2425	Tues and Thurs of first full week, 8:30-7:00
REGION 21 - VALLEY										
53101	Valley Co. WIC Program	Yvette Phillips RD	621 Third St S	Frances Mahon Deaconess Hosp	Glasgow	MT	59230	228-3626 or 800-322-3634, ext 3626	228-3559	1st, 2nd, 3rd, and 4th Tues of each month, 8:00-5:30
17101	Garfield Co. Health Ctr./WIC Program		Box 389	322 Leavitt Ave.	Jordan	MT	59337	557-2500 or 1-800-322-3634, ext 3626	228-3559	3rd Wed 12:30-4:30 every other month
36101	Phillips Co. WIC Program		Box 640	Phillips Co. Hosp, 311 8th Ave E	Malta	MT	59538	654-1380	654-2876	2nd Mon 9:00-4:30; 2nd Tues 12:30-4:30; 4th Mon & Tues 12:30-4:30
REGION 22 - YELLOWSTONE										
56101	Yellowstone Co. WIC Program	Doris Biersdorf RD	PO Box 35033	123 S 27th St	Billings	MT	59107	247-3370	247-3340	Mon, Tues, Thurs, Fri, 8:00-5:00, Wed 10:00-7:00
05101	Carbon Co. WIC Program		128 S Main		Joliet	MT	59041	247-3370 (Billings)		4th Fri. 10:00-3:00 (Joliet)
05201	Migrant Clinic		PO Box 1067	St. Agnes Cath Church	Red Lodge	MT	59068	247-3370 (Billings)		2nd Fri. 10:00-3:00 (Red Lodge)

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49101	Sweet Grass Co. WIC Program		PO Box 549		Big Timber	MT	59011	932-5449		2nd Thurs, 8:00-6:00
	Stillwater Co. WIC Program		PO Box 959	44 West 4th Ave N	Columbus MT	MT	59019	322-4396	322-9957	1st and 3rd Tues., 8:00-5:30
33101	Musselshell Co. WIC Program			Roundup Memorial Hosp, 1202 3rd West	Roundup	MT	59072	247-3370 (Billings)		1st and 3rd Tues., 10:00-3:00
56201	Laurel WIC Program			Yellowstone West Coop, 606 S Fifth St	Laurel	MT	59044	247-3370 (Billings)		1st and 3rd Fri, 9:30-4:00
56401	Migrant			711 Central Ave.	Billings	MT		247-3370 (Billings)		2nd and 4th Fri., 10:00-3:00
56501	Billings Heights			Atonement Lutheran Church, 407 Wicks Lane	Billings	MT		247-3370 (Billings)		2nd and 4th Tues, 9:30-4:00
<b>REGION 23 – FORT PECK TRIBAL HEALTH DEPT.</b>										
57101	Vern Gibbs Health Ctr.	Irene Evanson	PO Box 1027	107 H St E	Poplar	MT	59255	768-3491, x4408; Broadcast faxes 228-3559	768-5780	Mond, Thurs, 8:00-4:30
57201	Wolf Point WIC Program		PO Box 729	550 Sixth Ave N	Wolf Point	MT	59201	653-1204, 653-1641	653-1143	Tues and Wed., 9:00-4:00 Fri 9:00-4:00
<b>REGION 24 – NORTHERN CHEYENNE TRIBAL HEALTH DEPT.</b>										
58101	WIC/Northern Cheyenne Community Health Ctr.	Tom Mexicancheyenenne	Hwy 39, Box 67		Lame Deer	MT	59043	477-4527 or 4526; 477-4501 (Tom)	477-4504	Mon - Fri., 8:00-5:00
<b>REGION 25 – BLACKFEET TRIBAL HEALTH DEPT.</b>										
59101	WIC/Blackfeet Tribal Health Dept.	Dorothy Champine	PO Box 2969		Browning	MT	59417	338-5311 after 3:30	338-7530	Mon - Fri., 8:00-4:30
<b>REGION 26 – CROW TRIBE</b>										
60101	WIC Program	Margo Stops	PO Box 670		Crow Agency	MT	59022	638-4038	638-3959	Mon - Fri., 8:00-4:30
60301	WIC Program (Pryor)		Box 106	CHR Bldg.	Pryor	MT	59066-0017	256-9612		1st Fri., 9:00-3:00
60201	WIC/Lodge Grass Medical Center		PO Box 780		Lodge Grass	MT	59050	639-2246	639-2976	Mon., Tues., and Wed., 8:00-4:30

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<b>REGION 27 – CONFEDERATED SALISH &amp; KOOTENAI TRIBES</b>										
61101	WIC/Tribal Health & Human Svcs	Arlene Templer	PO Box 880		St. Ignatius	MT	59865	745-3525, x5068; 800-823-8228	745-4235	Mon-Fri, 8:00-4:30
61201	Ronan WIC Program			28 Round Butte Rd.	Ronan	MT		676-0137 (Ronan Diabetic Ctr)		Tues. & Wed, 8:30-4:00; late clinic 2nd and 4th Tues.
61301	Arlee WIC Program			Tribal Sr. Citizens Ctr.	Arlee	MT		726-3213		3rd Fri of the month, 8:00-4:00
61701	Hot Springs WIC Program			Sr. Citizen Ctr.	Hot Springs	MT		741-3266		1st Fri., 9:00-1:00
<b>REGION 28 – FORT BELKNAP COMMUNITY COUNCIL</b>										
62101	Ft. Belknap Health Ctr.	Barb Skoyen	RR 1, Box 66	456 Gros Ventre Ave	Harlem	MT	59526-9705	353-3157	353-4267 or 353-4374	Mon-Fri., 8:00-4:00
62201	Hays WIC Program		PO Box 620	123 White Cow Canyon Rd.	Hays	MT	59527	673-3777	673-3144	Mon-Fri., 8:00-4:00
<b>REGION 29 – ROCKY BOY WIC PROGRAM</b>										
63101	Rocky Boy WIC	Lois Gopher	PHS Indian Health Ctr., Rocky Boy Route, Box 664	PHS Indian Health Ctr.	Box Elder	MT	59521	395-4902	395-4781	Mon-Fri, 8:00-4:30

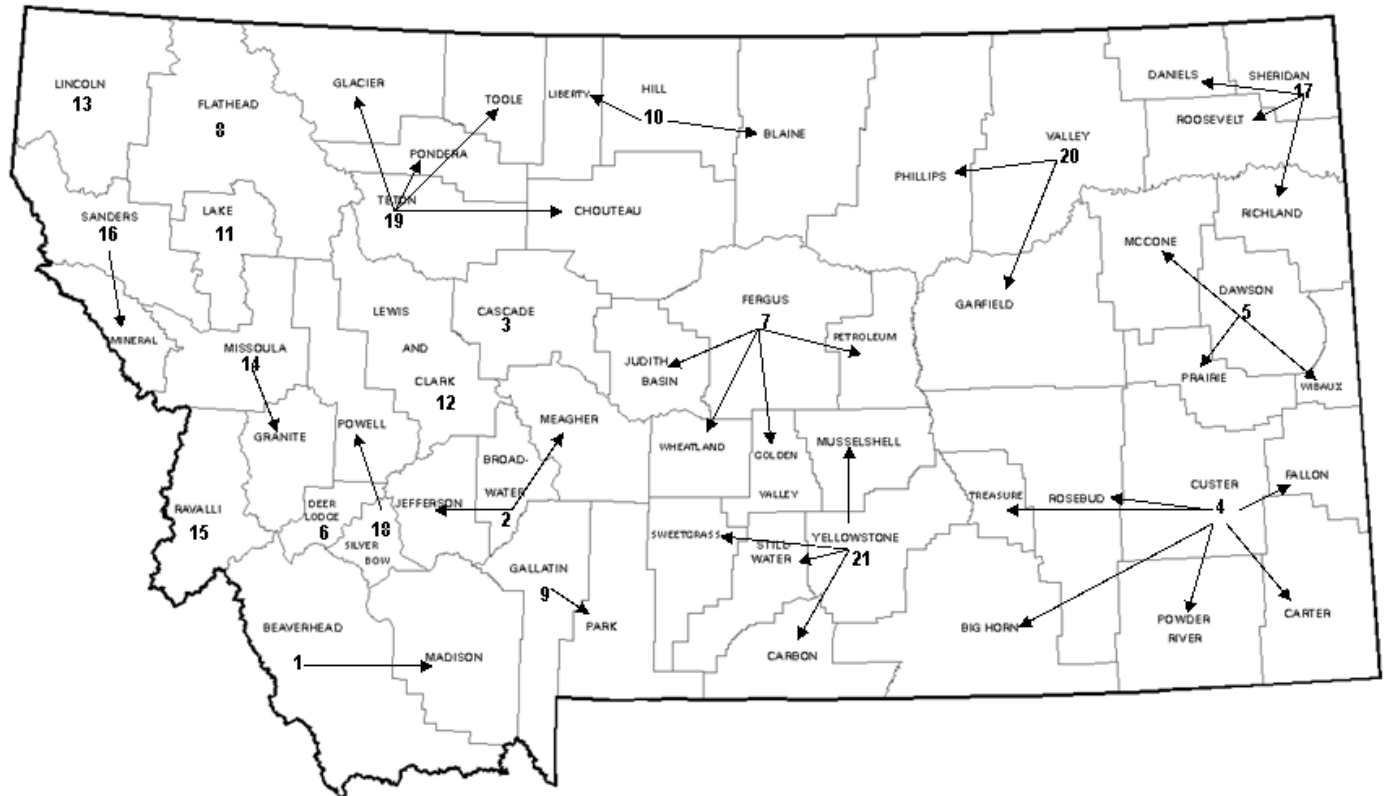
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### Local Program Maps

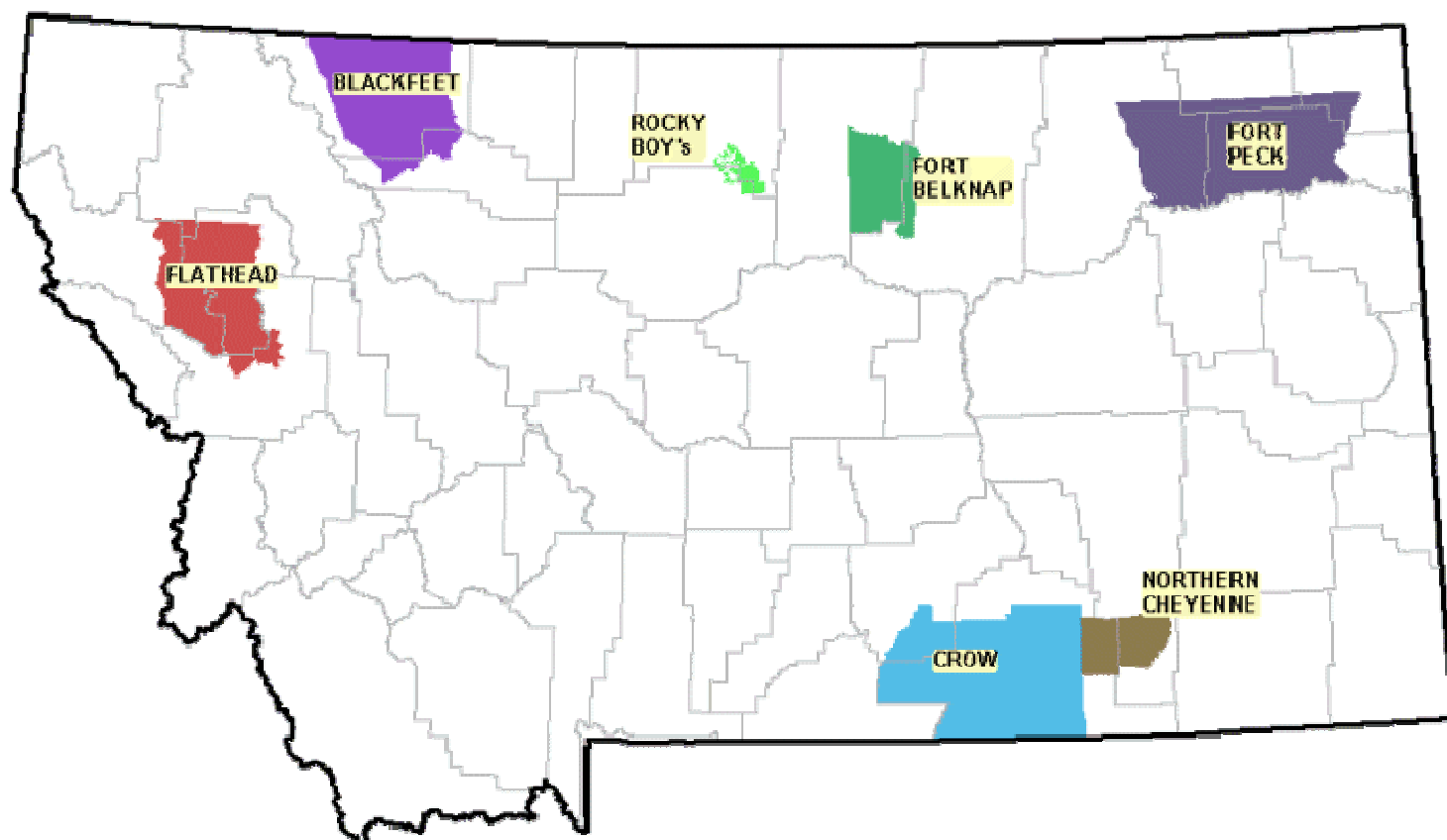
The Local Program maps are attached designating service areas.

### Montana WIC REGIONS



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**MONTANA  
INDIAN RESERVATIONS  
WIC PROGRAMS**



Fort Peck Tribal Health Dept. (Region 23)  
Northern Cheyenne Tribal Health Dept (Region 24)  
Blackfeet Tribal Health Dept. (Region 25)  
Crow Tribe (Region 26)  
Confederated Salish & Kootenai Tribes (Region 27)  
Fort Belknap Community Council (Region 28)  
Rocky Boy (Region 29)

## **Affirmative Action Plan**

### **Purpose**

The Montana WIC Program has established an “Affirmative Action Plan” to be used if participation increases to the level that a waiting list and priorities need to be established.

### **Authority**

7CFR 246.4(a)(5)

### **Policy**

The Montana WIC Program will use the following guidelines to establish new WIC clinics or guide participation in the event that funding and caseload maintenance become an issue.

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## **Guidelines**

### **I. Introduction**

- A. Montana has 56 counties and 7 Native American Reservations for a total of 63 possible local WIC clinic units. The Tribal WIC Programs on the reservations include portions of 11 counties and serve both on and off reservation Native Americans in their respective areas.
- B. The data used in this study are statistically reliable. The Records and Statistics Bureau of DPHHS reviewed the Affirmative Action Plan for appropriate statistical technique and analysis. Data presented included the 56 counties and 7 Native American Reservations.
- C. Figures for Indian Health Service Units, however, had to be extrapolated from the county figures (2000 census). Figures for Native Americans in Big Horn, Blaine, Flathead, Glacier, Hill, Lake, Missoula, Phillips, Pondera, and Roosevelt, Rosebud, Sanders and Valley counties were therefore pulled from the totals for those counties and used to establish data for the reservations.

### **II. Affirmative Action Plan**

- A. The Affirmative Action Plan for the current fiscal year has been based on the most recently available census data (2000) and updated data on low birth weight infants from the Montana Department of Public Health and Human Services (DPHHS).
- B. Actual monthly caseload by priority reflects the month of April in the current calendar year. The number of eligible participants for each local WIC clinic is listed in Policy 3-8, Affirmative Action Plan.



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<b>FISCAL YEAR 2007 AFFIRMATIVE ACTION PLAN</b>											
County	Rank	April-06	April-06	April-06	April-06	April-06	April-06	April-06			
<b>ACTUAL PARTICIPATION BY PRIORITY FOR APRIL 2006</b>											
	AA	P-I	P-II	P-III	P-IV	P-V	P-VI	P-VII	Participation	Potential Eligible	% Served
Beaverhead	23	74	4	50	3	40	1	0	172	281	61.19%
Big Horn	53	66	10	41	2	43	1	0	163	154	105.86%
Blackfeet	59	128	78	215	21	188	8	0	638	859	74.29%
Blaine	15	11	1	10	1	12	0	0	35	151	23.11%
Broadwater	62	124	16	102	10	136	4	0	392	105	375.02%
Carbon	6	15	5	13	2	17	0	0	52	223	23.27%
Carter	12	2	0	8	0	0	0	0	10	27	37.00%
Cascade	34	645	148	464	38	473	50	0	1818	3,102	58.60%
Chouteau	8	7	7	6	2	10	0	0	32	275	11.63%
Crow	56	146	56	263	18	152	15	0	650	749	86.84%
Custer	52	102	20	187	7	84	5	0	405	419	96.61%
Daniels	24	8	1	11	0	14	0	0	34	71	47.87%
Dawson	29	48	12	24	2	34	7	0	127	220	57.64%
Deer Lodge	55	47	18	63	2	51	5	0	186	190	97.64%
Fallon	51	22	0	10	0	8	0	0	40	66	60.73%
Fergus	36	52	15	43	5	70	5	0	190	349	54.50%
Flathead	43	540	104	284	38	487	23	0	1476	2,560	57.66%
Flathead Res	37	150	36	126	7	118	6	0	443	690	64.23%

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County	Rank	April-06	April-06	April-06	April-06	April-06	April-06	April-06			
<b>ACTUAL PARTICIPATION BY PRIORITY FOR APRIL 2006</b>											
AA	P-I	P-II	P-III	P-IV	P-V	P-VI	P-VII	Participation		Potential Eligible	% Served
Ft. Belknap	60	77	21	96	5	44	3	0	246	334	73.65%
Ft. Peck	54	181	71	198	14	205	3	0	672	684	98.28%
Gallatin	21	323	55	186	22	235	14	0	835	1,844	45.29%
Garfield	5	1	1	0	2	6	0	0	10	64	15.52%
Glacier	41	30	13	34	3	39	2	0	121	156	77.62%
Golden Valley	1	0	0	0	0	0	0	0	0	54	0.00%
Granite	46	3	5	14	1	23	0	0	46	87	52.95%
Hill	47	114	29	100	9	74	11	0	337	383	88.08%
Jefferson	14	27	1	22	0	34	2	0	86	215	39.93%
Judith Basin	11	2	3	6	0	10	0	0	21	97	21.56%
Lake	58	155	42	137	15	142	9	0	500	698	71.67%
Lewis & Clark	28	316	77	256	36	304	28	0	1017	1,655	61.46%
Liberty	2	1	2	7	0	5	0	0	15	89	16.83%
Lincoln	50	104	56	128	20	146	12	0	466	651	71.58%
Madison	61	7	3	6	1	8	0	0	25	67	37.09%
McCone	4	8	0	13	0	13	0	0	34	152	22.38%
Meagher	17	6	5	6	3	26	1	0	47	97	48.50%
Mineral	45	23	3	18	2	32	2	0	80	141	56.89%
Missoula	57	794	188	599	104	836	50	0	2571	2,676	96.09%
Musselshell	32	17	2	19	0	26	0	0	64	158	40.49%
N. Chey	63	149	26	196	7	107	5	0	490	367	133.61

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<b>FISCAL YEAR 2007 AFFIRMATIVE ACTION PLAN</b>											
County	Rank	April-06	April-06	April-06	April-06	April-06	April-06	April-06			
AA	P-I	P-II	P-III	P-IV	P-V	P-VI	P-VII	Participation		Potential Eligible	% Served
Park	19	58	11	33	1	53	4	0	160	366	43.70%
Petroleum	3	0	0	0	0	0	0	0	0	23	0.00%
Phillips	42	12	8	24	1	21	0	0	66	129	51.23%
Pondera	48	21	12	39	3	44	1	0	120	114	104.89 %
Powder River	38	6	1	11	0	6	1	0	25	29	85.68%
Powell	40	33	15	28	5	35	1	0	117	171	68.37%
Prairie	30	4	1	5	1	2	0	0	13	31	42.11%
Ravalli	35	264	42	176	22	261	11	0	776	1,301	59.63%
Richland	49	46	24	42	11	63	11	0	197	205	96.33%
Rocky Boy	44	97	20	115	4	111	7	0	354	483	73.25%
Roosevelt	7	2	0	12	2	7	0	0	23	115	19.98%
Rosebud	16	32	7	28	4	36	1	0	108	191	56.56%
Sanders	27	61	6	49	4	46	3	0	169	360	46.99%
Sheridan	10	16	0	6	2	0	0	0	24	86	27.97%
Silver Bow	33	159	78	160	16	170	28	0	611	1,138	53.71%
Stillwater	26	19	4	12	1	16	5	0	57	167	34.14%
Sweet Grass	25	11	1	6	4	10	0	0	32	87	36.94%
Teton	13	24	8	16	5	21	2	0	76	253	30.01%
Toole	18	24	7	25	1	12	2	0	71	156	45.59%
Treasure	22	2	0	5	2	3	0	0	12	28	43.64%
Valley	31	34	21	36	4	35	4	0	134	237	56.58%

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AA	P-I	P-II	P-III	P-IV	P-V	P-VI	P-VII	Participation		Potential Eligible	% Served
Wheatland	9	8	0	3	0	5	1	0	17	96	17.66%
Wibaux	20	6	2	4	0	3	1	0	16	28	56.39%
Yellowstone	39	804	216	590	42	631	77	0	2360	3,926	60.11%
Total		6194	1614	5336	534	5803	431	0	19912	30,598	65.08%

**III. Description of Ranking System**

- A. To establish the ranking, the following criteria were used:
1. Incidence of low birth weight infants (1996 - 2001). Data was based on the statistical report done by the Bureau of Records and Statistics, Department of Public Health and Human Services (DPHHS). The data in the statistical report is broken down by county, and within county, by race (white, Indian, and other).
  2. Percentage of population (women, children under age 5) at 185% of poverty or less (2000 census). Population at 185% of poverty or less was determined from income and poverty status data based on 2000 Bureau of Census statistics for General Social and Economic Characteristics. Income for women and children under 5 at or below 185% of poverty is used as an indicator for evaluating financial eligibility throughout Montana.
  3. Minority populations (2000 census). Information on minority populations was taken from 2000 census reports.

**IV. Affirmative Action Plan Ranking**

- A. The Affirmative Action Plan rankings would be used as one tool among many to assist in the expansion of WIC in Montana, when and if funds become available. If funds were available, new agencies or satellites would be opened in descending order from the top in the Plan, with no WIC agency receiving funds until the eligible agencies above were funded.
- B. The number of potentially eligible persons was obtained by utilizing census data for children below 185% poverty and number of total births. This data was inserted into the following formula, as suggested by State Plan Guidance:
- (Total births x 1.25) x % children below 185% + # children below 185% = potentially eligible population.)

**V. Priorities Served**

The Montana WIC Program serves Priorities I-VI.

**VI. CSFP Programs**

The Commodity Supplemental Food Program (CSFP) works with the WIC Program to ensure no dual benefits are issued to participants.

## **Appeals by Local Programs**

### **Purpose**

Local WIC programs have the right to request a fair hearing review from the State WIC Office due to notification of certain adverse actions.

### **Authority**

7CFR 246.18(a)(3),(b),(d),(e) and (f)

### **Policy**

The Montana WIC Program will provide, upon request, a full administrative review fair hearing to a local agency who has received the following adverse actions:

- ◆ Denial of application;
- ◆ Disqualification;
- ◆ Suspension; and/or
- ◆ Sanctions that affect a local agency's participation.

An administrative review will not be provided if the action is a result of:

- ◆ The expiration of the agreement with the local agency; or
- ◆ Montana state procurement procedures applicable to the process of local agency selection.

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## **Procedures**

### **I. State Agency Responsibilities**

The State Agency shall advise the aggrieved WIC agency of their rights under the regulations.

### **II. Administrative Review Request**

The State Agency, upon request for an administrative review (hearing) by a local WIC program, shall schedule a administrative review and inform the local WIC program of the time and place, giving the local WIC program 10 days advance notice.

### **III. Administrative Review Decision**

The administrative review shall be conducted in Helena and the local WIC program will be informed in writing of the decision and its basis within 60 days of the date of the request for a hearing. The hearing shall be conducted by a fair and impartial official, whose decision shall rest solely on the evidence presented at the administrative review and statutory and regulatory provisions governing the WIC program.

**IV. Administrative Review Procedure**

- A. The procedure for the administrative review shall provide at a minimum to the local WIC program:
1. Ten (10) days advance notice of the time and place of the administrative review to provide all parties involved with sufficient time to prepare for the hearing;
  2. The opportunity to present its case;
  3. The opportunity to confront and cross-examine adverse witnesses;
  4. The opportunity to be represented by counsel, if desired;
  5. The opportunity to review the case record prior to the administrative review; and
  6. The opportunity for two rescheduled hearing dates.

**V. Adverse Actions**

Adverse action taken by the State WIC Agency shall be postponed until a administrative review decision is reached. All appellants denied program benefits at the State level shall be informed in writing, along with the decision of the administrative review officer, of their right to appeal the decision to a District Court within 30 days of receiving the written notice.

**VI. Advance Notice**

Local programs shall be given 60 days advance notice of any adverse action, including written notice of the action, cause(s) for and the effective date of the action.

## **General Program Complaints**

### **Purpose**

The Montana WIC Program has established a formal process for all written or verbal complaints to be handled.

### **Authority**

State Policy

### **Policy**

It is the policy of the Montana WIC Program to accept all written and verbal complaints regarding the WIC Program and to handle them in an appropriate manner within 180 days.

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### **Procedures**

- I.** All written or verbal complaints about any part of the operation of WIC in Montana shall be accepted and processed within 30 days of receipt by the State WIC Agency or any local WIC program.
- II.** Any person alleging improper treatment, discrimination or other wrong doing must communicate to the State WIC Agency or any local WIC program said mistreatment within 180 days of the alleged action.
- III.** Complaints regarding discrimination will be processed according to the instructions provided in Civil Rights see Chapter 10,
- IV. Acceptance of Complaints**

All complaints, written or verbal, shall be accepted. Information submitted must be sufficient to identify the WIC agency or individual involved. See Policy 4-20 Local Program Retailer Coordinator, VII Participant Complaints for details about handling complaints involving/against retailers.
- V.** In the case of a verbal or telephone complaint, every effort should be made to collect the following:
  - A.** Name, address and telephone number of complainant, or other method of contacting the complainant.
  - B.** Date of complaint.
  - C.** Nature of the complaint.
  - D.** Retailer name, if involved.
  - E.** Witness name and contact information.
  - F.** Local WIC program, if involved.
- VI.** Use of the WIC Fraud Form is required (see Policy 3-9 Participant Fraud Sanctions). A full record of all contacts and activities related to the complaint must be maintained on file in the receiving WIC agency's office in order to track the action taken to address the complaint.



**VII. Notification**

- A. Local programs shall notify the State WIC Agency by phone and follow-up in writing of any complaint(s) received and request guidance for disposition of the complaint.
- B. The State WIC Agency shall notify a local WIC program by phone and follow-up in writing of any complaint(s) received concerning their jurisdiction.

**VIII. Resolution**

Investigation and resolution of complaints will be handled on a case-by-case basis with all pertinent facts considered

## **Participant Fraud/Abuse/Sanctions**

### **Purpose**

Maintaining program integrity is important for our participants to be able to continue benefits from services of the WIC program. Loss of the WIC program due to participant's fraud and abuse by a few participants would be greatly detrimental to the larger population.

### **Authority**

246.7(i)

246.12 (w)

246.23 (c)

### **Policy**

It is the policy of the Montana WIC Program that participants or authorized representatives who misrepresent their circumstances in order to receive WIC benefits or commit an identified fraud/abuse of the WIC Program will be issued sanctions. Standard and uniform procedures will be used to sanction a participant. Sanctions may include education and a warning, disqualification and repayment of benefits.

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### **Guidelines**

#### **I. Fraud/Abuse**

- A. The WIC program is to be alert for possible participant abuse. When abuse is detected or suspected, the WIC agency must document as completely as possible, including a narrative account of how abuse was detected and copies of any relevant food instruments or other documents.
- B. This information is entered on the WIC Participant Fraud Form, and discussed with the participant/guardian. The participant/guardian is given an opportunity to make a statement, but in no case should be forced to. If the participant/guardian will not, or cannot sign a statement, note this on the form.

#### **II. Definition of Fraud/Abuse**

- A. The definition of fraud/abuse is (one or more of the following):
  - 1. Intentionally making false or misleading statements or intentionally misrepresenting, concealing or withholding facts to obtain benefits.
  - 2. Sale or exchange of food or food instruments for cash or other items.
  - 3. Stealing WIC checks from a local WIC program or WIC participant.
  - 4. Receipt of cash, credit or rain checks from food retailers in a WIC purchase.
  - 5. Purchase of unauthorized food or other items of value.
  - 6. Alteration of food instruments.

7. Redemption of food instruments reported lost or stolen.
8. Redeeming a WIC check outside the authorized date range.
9. Redeeming a WIC check at stores not listed as an authorized WIC retailer.
10. Dual participation, receiving/redeeming food instruments from 2 or more programs/clinics in the same month.
11. Verbal or physical abuse or threat of physical abuse, of clinic or food retailer staff.

### **III. Federal Regulations Require the Collection of Benefits Through Misrepresentation**

#### **Procedures**

##### **I. Dual Certification**

- A. Definition: Receiving/redeeming food instruments from two (2) programs/clinics in the same month.
- B. Dual certification constitutes a potential for fraud/abuse. Beginning-of-Day reports identify potential dual participation cases within the state. The local program receiving notification must research the potential dual case(s).
  1. Obvious inconsistencies like clinic errors and twins are screened out. An initial contact is made between the local programs involved to determine if fraud exists or whether the case(s) are “false” duals.
  2. Information about the situation, including food instruments issued, clinics where food instruments were issued, dollar amount, county of participant residence, etc., must be included in the report.
- C. Once a dual participant is clearly identified (food instruments were received and cashed), the local WIC clinic takes steps outlined in “Participant Sanctions” (see below). And take necessary action.
- D. The local WIC Program will notify the State Office of a dual participant Local WIC program staff will complete the WIC Participants Fraud Form and send it to the State WIC Agency
- E. The local WIC program staff will provide the State WIC Agency of all information regarding the participant and other family/household members that is requested.
- F. The State WIC Agency will review the information and any redemption.

##### **II. Participant Sanctions**

- A. The State WIC Agency determines uniform procedures and sanctions to be applied in cases of program abuse by participants or applicants. A sanction, which is based on the severity of the abuse, may range from education and warning letter to disqualification from the WIC program for a maximum of twelve months. See Table 1 for listing of abuses and corresponding sanctions.

- B. Participants or authorized representatives who misrepresent their circumstances in order to receive food benefits will be required to pay the cash value of improperly received benefits to the State WIC Office.
1. Local WIC program staff will notify the State WIC Agency staff when a participant is suspected to improperly receiving WIC benefits.
    - a. Local WIC program staff will complete the WIC Participants Fraud Form and send it to the State WIC Agency
    - b. The local WIC program staff will provide the State WIC Agency of all information regarding the participant and other family/household members that is requested.
    - c. The State WIC Agency will review the information and any redemption.
  2. If representation has occurred, the local WIC program staff will be notified of the outcome.
    - a. The participant will be notified in writing by the local WIC program staff of sanctions issued and the duration of any disqualification or suspension.
    - b. The participant will receive information about the right to a fair hearing including the timeframe and process of requesting one.
  3. If misrepresentation has occurred and benefits were issued, then in addition to sanctions being issued by the local WIC program staff, the State WIC Agency will pursue collection in cash from the participant of the improperly issued benefits.
    - a. Included in the written sanction notice (including the fair hearing information), will be the amount of the claim based on our information which must be repaid by the participant.
    - b. If full restitution has not been received or a payment plan developed and on track, follow-up contracts will be made every thirty (30) days.
    - c. State WIC Agency staff shall follow accepted DPHHS practice and applicable State law in pursuing cash recovery.
    - d. State WIC agency staff shall refer participants who abuse the WIC program to Federal, State or local authorities for prosecution under applicable statutes where appropriate.
  4. If no misrepresentation has occurred the local WIC Program will continue issuing benefits.

**III. Other Participant Abuse**

- A. The local WIC Program will issue appropriate sanctions if the participant has abused the WIC Program as described in Table 1.
- B. Participant will be informed of their right to a fair administrative review including the timeframe and process of requesting one, if the sanctions include as adverse action

**IV. Mandatory Disqualification**

- A. The State Agency must disqualify the participant for one year (12 months) when
  - 1. A claim is assessed for misrepresentation;
  - 2. A claim is assessed for dual participation; or
  - 3. A second or subsequent claim for any amount is assessed on a participant.
- B. The State WIC Agency may allow an exception to disqualification. Exceptions to mandatory disqualification are:
  - 1. If within 30 days of receipt of the letter demanding repayment, full restitution is made or a repayment schedule is agreed on or, in the case of a participant who is an infant, child, or under age 18, and the State approves the designation of a proxy; and
  - 2. The State agency may permit a participant to reapply for the WIC Program before the end of a mandatory disqualification period if full restitution is agreed upon, or in the case of a participant who is an infant, child, or under age 18, and the State approves the designation of a proxy.

**V. List of the types of Participant Abuse and the Sanctions**

- A. Following is a list of the types of participant abuse and the sanctions to be imposed on participants or applicants and their authorized proxies.

**WIC Program Abuse and Sanctions**

	<b>Abuses</b>	<b>Offense</b>	<b>Sanctions</b>
1	Knowing and deliberate misrepresentation of circumstances to obtain benefits: •misrepresentation of income; •misrepresentation of residence; •misrepresentation of family size; •misrepresentation of health status •falsification of medical data or health status. •misrepresentation of actual date of birth so as: a) to appear to be categorically eligible, or b) to go undetected as a dual participant.	1st	Twelve month disqualification from the WIC program.  Participants or authorized representatives will be required to pay the State WIC Agency in cash, the value of food benefits improperly received.  See Mandatory disqualification exception (above).
<b>NOTE:</b> Participants can in fact be eligible in spite of their misrepresentation of circumstances. A participant, with an actual family size of 4, claims she has 5 in the family. Her proof of income makes a family of 5 or 4 eligible for benefits. In this case a warning letter must be given to the participant.			
2	Dual participation (redeeming food instruments from 2 programs/clinics in the same month).	1st	Immediate removal from one program/clinic and twelve month disqualification from the other program/clinic. See Mandatory disqualification (above). See Mandatory disqualification exception (above).
3	Stealing WIC checks from a local WIC clinic or other participant.	1st	Three month disqualification.
4	Physical abuse of WIC or food retailer staff.	1st	Three month disqualification.
5	Sale or exchange of supplemental food or WIC checks to other individuals or entities, or to obtain cash refund for WIC foods.	1st	Three month disqualification.
6	Receipt of, or attempt to receive from WIC food retailer, cash or credit toward purchase of unauthorized food or other items of value in lieu of, or in addition to, authorized supplemental foods.	1st 2nd	Three month disqualification.  Twelve month disqualification.
7	Redeeming WIC checks that were reported as lost or stolen.	1st 2nd	Three month disqualification.  Twelve month disqualification.
8	Altering WIC checks.	1st 2nd	Three month disqualification.  Twelve month disqualification.
9	Purchasing, or attempting to purchase, food in excess of that authorized on the WIC check.	1st 2nd	Three month disqualification.  Twelve month disqualification.
10	Purchase, or attempt to purchase, unauthorized foods.	1st 2nd	Three month disqualification.  Twelve month disqualification.

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11	Redeeming WIC checks prior to or after the valid dates.	1st	Education and warning letter (also monthly check pick-up may be appropriate).
		2nd	Twelve month disqualification
12	Redeeming WIC check(s) at store not listed as an authorized WIC retailer.  It is the responsibility of the WIC participant to reimburse the retailer for the value of the WIC check.	1st	Education and warning letter.
		2nd	One month disqualification.
		3rd	Three month disqualification.
13	Verbal abuse or harassment of WIC or food retailer staff.	1st	Education and warning letter (change of retailer/authorized representative/proxy may also be appropriate).
		2nd	Three month disqualification.
14	Threat of physical abuse of WIC or food retailer staff.	1st	Education and warning letter.
		2nd	Three month disqualification.

## VI. Participant Abuse and Sanctions

A. All offenses under this policy shall be kept on the participant's record for one year.

1. A repeated (2nd or 3rd) occurrence of an actual or attempted abuse within one year of the first offense warrants a second or third abuse sanction, whichever is appropriate, even if the latest abuse is unrelated to the previous abuse(s).
2. For instance, a participant steals WIC checks from a local WIC clinic (abuse #3). As a first offense, the participant will receive a three month disqualification. If within a one year period, this participant redeems WIC checks for authorized foods and receives the difference between the "Not to Exceed" maximum check amount and the price of the WIC foods (abuse #6), this constitutes a second offense. The participant would be disqualified for three months.

**NOTE:** The coordinator must attempt to discern whether the conduct of the food retailer staff may have provoked the authorized representative or proxy. The authorized representative or proxy has the right to complain about improper or discourteous treatment and shall not be penalized for making a legitimate complaint

## **Fair Hearings**

### **Purpose**

Participants may request a fair hearing because of an adverse action (suspension, termination, monetary claim etc).

### **Authority**

7CFR 249.9

### **Policy**

Program may request an administrative review (see Policy 3-9, Appeals by Local Program).

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## **Procedures**

### **I. Introduction**

A fair hearing procedure shall be provided through which any individual may appeal a State or local agency action which results in a claim against the individual for repayment of the cash value of improperly issued benefits and/or results in the individual's denial of participation or disqualification from the WIC Program.

### **II. State Agency Responsibilities**

- A. All requested fair hearings will be conducted by DPHHS within three weeks of the date the Department received the request for a hearing. Those requesting the hearing shall be notified in writing a minimum of ten days in advance of the time and place of the hearing and of the hearing procedure.
- B. The hearing will be conducted in accordance with 7 CFR 246.9 and Title 2, Chapter 4 of the Montana Code Annotated.
- C. The hearing shall be conducted by a fair and impartial hearing official and the appellant shall be notified in writing of the decision of the hearing official, and reasons for it, within 45 days of the receipt of the request for a fair hearing. All decisions shall be based on facts found in the hearing record, and the parties will be notified of their right to appeal the decision to District Court within 15 days.
- D. The hearing official's decision is binding on the State Office and local WIC program.
  1. If in favor of the appellant, program benefits shall begin for an applicant and continue for a participant within the 45 day limit.
  2. If the decision is in favor of the appellant and benefits were denied or discontinued, benefits shall begin immediately.



3. If the decision concerns disqualification and is in favor of the WIC agency, as soon as administratively feasible, the local WIC program shall terminate any continued benefits, as determined by the hearing official.
  4. If the decision regarding repayment of benefits by the appellant is in favor of the WIC agency, the State or local WIC program shall resume its efforts to collect the claim, even during pendency of an appeal of a local-level fair hearing decision to the State WIC Agency.
- E. All records of the hearing shall be retained in accordance with 7 CFR 246.18 and 7 CFR 246.25, and shall be available to the appellant or representative.

### **III. Local Agency Responsibilities**

- A. Informing each program applicant or participant of their fair hearing rights at initial and subsequent certifications. Appeal rights are provided at the time of a claim for repayment of the cash value of improperly issued benefits or denial of participation or disqualification.
- B. Written notification shall be made to:
  1. Applicants found ineligible. Documentation of the ineligibility must be kept in their file.
  2. Each participant found ineligible at any time during a certification period. Documentation must be kept in their file. The participant needs to be notified a minimum of 15 days prior to termination of program benefits. They must also be informed of their right to a fair hearing.
  3. The person against whom the collection of improperly issued benefits is undertaken. The reason(s) for the claim, the value of the improperly issued benefits and their right to a fair hearing shall be included in the notification.
  4. Each participant at least 15 days before the expiration of each certification period that the period is about to end.
- C. Local programs, at the time of application or when notifying persons found ineligible of their right to a fair hearing, shall advise them of the method for requesting the hearing and their right to be represented at the hearing by a relative, friend, legal advisor, or other representative of their choice, and give them a summary of the hearing process.
- D. Local programs shall advise those found ineligible that they have up to 60 days from notification of ineligibility to request a fair hearing from the State Department of Public Health and Human Services. The request for hearing is defined as any clear expression by the individual, guardian or other representative that an opportunity to present its case to a higher authority is desired.
  1. If a hearing is requested within the 15 day period by participants found ineligible at any time during a certification period, benefits will be continued or reinstated until a decision is reached in accordance with 7 CFR 246.9 or the certification period expires, whichever occurs first.
  2. Applicants who are denied benefits at initial or subsequent certifications shall not receive benefits while awaiting the hearing. Local programs should obtain legal counsel to represent the WIC program if a hearing is requested.

E. A request for hearing shall not be dismissed or denied unless:

1. The request is not received within 60 days from notification of ineligibility;
2. The request is withdrawn in writing by the appellant; the appellant or appellant's representative fails, without good cause, to appear at the scheduled hearing;
3. The appellant has been denied participation by a previous hearing and cannot provide evidence that circumstances relevant to program eligibility have changed in such a way as to justify a hearing.

**IV. Time Sequence for Fair Hearings**

<b>Step</b>	<b>Participant</b>	<b>State/Local Agency</b>
Participant is notified of ineligibility for WIC benefits.	Has 60 days to request a fair hearing. *	Local Agency must provide participant with Notice of Ineligibility and follow procedures outlined in WIC State Plan.
Participant requests a fair hearing to the State WIC Agency within 60 days.	Will receive 10 days written notice of time and place of the fair hearing within 3 weeks of request.	Local Agency obtains legal counsel to represent the WIC program at the hearing within 3 working days of receipt of the hearing request.
Fair hearing is held in the county where the participant resides.	Will receive the decision of the hearing official within 45 days of the original request.	Within 45 days the State Agency sends the participant the decision of the hearing official.
Participant appeals decision.	Request must be made to the District Court within 30 days of receipt of written notification of the decision.	State Agency notifies Legal Division of appeals request.

\*The participant who is terminated during a certification period and requests a fair hearing within 15 days of termination will continue receiving benefits until a hearing decision is made or the certification period expires.

## **Potential Dual Participation**

### **Purpose**

To prevent WIC participants from participating in more than one WIC program at a time.

### **Authority**

7CFR 246.7(L)

### **Policy**

It is the policy of the Montana WIC Program to follow-up and coordinate with border states and the commodity program to prevent dual participation.

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## **Guidelines**

### **I. Introduction**

A daily potential dual certification check is performed each night using new participant records which have been uploaded from the sites to the central Host computer. A monthly dual certification check is performed at the State WIC Office at the end of each month. All participants on the Host participant master file are analyzed to identify potential matches of all active participants.

### **II. Process**

- A. In the daily check, all participants currently certified are compared and if any of the following conditions are met, all records that match are listed on the dual certifications report: the first and last name of the participants are the same, the birth date and first four characters of the last name are the same, the birth date and first four characters of the parent/guardian last name are the same.
- B. The information is grouped according to the clinic ID that generates the new participant ID. A copy of the data for each clinic grouping is downloaded to the clinic each night to be printed with the Beginning of Day report. Clinic personnel are responsible for following up on the information contained on their report.
- C. The monthly dual certification check is viewed as a centralized report for State Program personnel to use to monitor the dual participant resolution activity at the clinics. This report functions as a follow-up to the daily reports that have been generated for the past month. If the clinics have not resolved the dual certifications that appeared on the daily reports, the matches will appear on the monthly report.

### **III. Action**

Once a participant is confirmed as participating in two or more clinics, steps outlined in this Policy 3-11 Participant Fraud/Abuse/Sanctions are implemented.

# MONTANA STATE PLAN & POLICY MANUAL

## CHAPTER THREE

Policy Number: 3-14  
Coordination/Service  
Effective date: October 1, 2006

### Coordination of Program Operations with Other Services

#### Purpose

The WIC Program acts as a gateway to other health services. Coordination with these services is crucial to a successful interventional contact. Coordination may take the form of referral to other services or individual contacts with community leaders and groups.

#### Authority

7 CFR246.4(a)(8)

#### Policy

It is the policy of the Montana WIC Program to coordinate program operations with other services or programs that may benefit participants in, or applicants for, the program.

#### Guidelines

##### I. Referrals to Other Services

- A. Local Agencies will routinely refer WIC participants to other community services that provide services appropriate to their needs.

1. Special counseling services and other programs include but are not limited to:

Alcohol and Drug Abuse Programs	Child Protective Services
Clinics, including Well-Child and KIDS COUNT (early and periodic screening, diagnosis and treatment programs)	Dental
DPHHS Immunization Program	Drug and Alcohol Treatment and Education Programs
Family Planning	Farm worker Organizations (with special emphasis on migrants)
Food Bank network	Health and Medical Organizations
Hospitals	MCH Programs, including block grants and case
Montana Hunger Coalition	Office of Public Instruction Homeless Education Project
Program Administration Unit (foster care)	Religious and Community Organizations in low income areas such as community action agencies, Headstart, Expanded Foods and Nutrition Education Program (EFNEP)
Schools	Social Service Agencies
Tribal Organizations and Agencies contacting off-reservations or landless Native Americans	Unemployment Offices
Welfare Programs, including Temporary Assistance to Needy Families (TANF), Food Stamps, and Medicaid	Etc.

- B. General Public: The State WIC Agency has available public service announcements, brochures, posters, etc., which can be used by local WIC programs in their outreach campaigns.
- C. Health Professionals: Local WIC programs develop their own referral systems with the local health care providers.
- D. County Commissioners: Local and State WIC Agency personnel keep county commissioners informed of WIC by sharing results of the annual monitoring process.
- E. Community Agencies: Community organizations and agencies will be invited to future WIC workshops as they have been in the past. Contacts have been made with migrant organizations throughout the State and local WIC programs have been encouraged to work with these organizations.
- F. The State WIC Agency will contact the Montana Migrant and Seasonal Farm workers Council located at 2406 6th Avenue North, Billings, Montana 59102, annually to determine appropriate agencies to contact for outreach and referral. Provide the council with names, addresses, phone numbers and operation hours of all WIC clinics. Refer this information to local WIC programs and encourage contact with the Migrant Council in their area.
- G. Urban Indian Organizations: Ongoing efforts are being made to increase the participation of off-reservation Indians in existing WIC programs. One WIC clinic has been established in a health clinic serving urban Indian populations.

**II. Health Officers, Indian Health Service Unit Directors, etc.**

- A. Whenever possible, State WIC Agency personnel visit these persons during the biennial monitoring.
- B. Local WIC program staff is encouraged to make visits to these groups at least once annually to inform them of WIC successes in their area.

**III. WIC Healthy Mothers/Healthy Babies Coalition**

The Montana State WIC Program was one of the founders of the HM/HB coalition in 1986. Since that time, WIC has been an active and contributing member, working to improve the health of mothers and children. Currently, local agencies are encouraged to join their local Health Mothers/Healthy Babies Coalitions.

**IV. Child and Family Services Division**

State WIC Agency personnel offer education for newly hired Eligibility Technicians, Child and Family Services Division. By learning about WIC, and thereby raising their awareness of WIC, the Eligibility Technicians can assist their clients who may be eligible for WIC by referring them to WIC.

**V. Program Administration Unit**

- A. The State WIC Agency will coordinate with the WIC program Administration Unit by:
- B. providing copies of the Montana WIC Program income guidelines, “Nutrition Program for Montana’s Women, Infants, Children” brochure, a listing of WIC clinic phone numbers for various towns in Montana, and a “Dear Foster Parent” letter which includes information about acceptable proof of placement and how to receive benefits; and 2) offering local WIC program CPA’s to provide information about the WIC Program to potential foster parents attending training sessions sponsored by the unit.

**VI. Substance Abuse Programs**

The State WIC Agency shall contact, on an annual basis, the three drug-alcohol intervention programs in the State that serve pregnant women. Information will be provided about WIC and the location of its clinics. Local WIC programs will be instructed to include these programs in their outreach and referral plan.

**VII. Wholesale Grocers**

The State WIC Agency attends grocer trade shows throughout the State as appropriate to inform and educate grocers about changes in WIC.

## **Outreach**

### **Purpose**

The State WIC Agency is responsible for coordination of outreach with all appropriate agencies and local agencies.

### **Authority**

7CFR 246.4(a)(7)

### **Policy**

It is the policy of the Montana WIC Program to coordinate outreach services with local WIC Agencies

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## **Guidelines**

### **I. State Agency Responsibilities**

The State Agency is responsible for coordinating the listed outreach/referral efforts with Local Programs.

### **II. Press Releases**

- A. Develop annual press release statements and public service announcements for the Local WIC Programs to send to newspapers, radio and television stations in their areas at least once annually, or more often as needed.
- B. Press releases and announcements must include name and address of the Local WIC Program, eligibility criteria and information on program benefits which include supplemental foods, nutrition education, and access to on-going health care. In areas where maximum caseload has been reached, press releases will focus on maintenance of caseload and reaching high-risk participants.
- C. The press release(s) must also include information relating to the homeless, including participant eligibility criteria, location of local programs and the three conditions for participation by organizations and agencies serving homeless individuals. See Policy 5-5 Institutions and Homeless.
- D. The State WIC Agency has contacted other State WIC Agencies for public service announcements (PSA) that have been developed for high risk persons. A series of television spots are available to local Montana WIC Programs for adaptation. Two local programs have produced their own PSAs.
- E. The State WIC Agency will use other available media in outreach activities, such as newspapers, newsletters and radio.
- F. All Press Releases developed by the State or Local WIC Agencies will contain the Civil Rights Non-discrimination statement and the State 1-800 phone number or appropriate Local Agency phone number.

**III. Promotion of Services**

- A. Prepare and distribute posters, brochures and referral forms to local programs for use in enlisting new WIC participants, and in providing information to health professionals and allied services in their community.
- B. Provide local agencies with outreach and referral information and pamphlets about allied services such as Medicaid, Food Stamps and TANF eligibility, Child Support Payment Enforcement availability and Kids Count, Family Planning and Immunization programs.

**IV. Information Exchange**

- A. Inform State Food Stamp Program, TANF Program, Medicaid Program, Office of Public Instruction Homeless Education Project, Family Services, Food Bank Network, Community Health Centers, and Montana Hunger Coalition of WIC regulations regarding income guidelines and qualifications. Arrange State-wide effort to have local programs coordinate with local offices of the above programs. Forward outreach and referral information about allied services to appropriate local WIC program.
- B. Contact State MCH programs and encourage exchange of information on Program operations as an enhanced effort of improved services to mutual clients.
- C. All local agencies receive the Family and Community Health Bureau Facts Newsletter which contains information about related Bureau programs regarding activities, updates, changes and Montana WIC submitted articles.

**V. Statewide Meetings and Workshops**

State Agency staff will attend appropriate Statewide meetings to present the WIC Program and the services it provides.

**VI. Local Agency Outreach/Referral Plans**

Review local WIC program "Outreach/Referral Plan" and monitor their efforts in meeting the goals of the outreach/referral plan.

**VII. Legislative Queries**

- A. Provide the Montana Congressional delegation information about WIC upon request.
- B. Provide the State policy makers with information about WIC's contribution to the health of women, infants and children.

**VIII. Breastfeeding Materials**

- A. Regularly mail breastfeeding related information to local programs. In the past, these mailings have included copies of:
  - 1. The National WIC Association's (NWA) Position Papers on Breastfeeding and The Role of Formula in WIC;
  - 2. Guidelines for Promotion and Support of Breastfeeding;
  - 3. Breastfeeding topic continuing education opportunities; and
  - 4. Activities planned for August (which Montana recognizes as Breastfeeding Promotion and Support Month).



**IX. Unserved Counties**

- A. Every effort will be made by State WIC staff to assure that all counties in Montana are served by WIC. Should a county lose service for any reason the State staff will contact (and maintain contact with) the health providers in the county without a contract to offer WIC program benefits.
- B. State staff will explain verbally and in writing the WIC program's operations in order to gain support for the implementation of WIC services.
- C. Local contacts will include governing officials (county commissioners, city and town officials); health providers (public health nurse, health officer, physicians); and other human service agencies (Medicaid, TANF, Food Stamps).
- D. The regional office of USDA will be requested to provide sufficient funds in Montana's annual grant to support this goal.

**X. Notice to the General Public**

- A. On the first Sunday in May of each year, the Montana WIC Program shall publish in the Sunday edition of seven major newspapers in the State a public notice requesting comment on the development of the State WIC Plan for the upcoming fiscal year.
- B. The published notice for WIC comments shall include a statement to the effect that copies of existing State plans are available at local WIC offices or by contacting the Nutrition Section Supervisor.
- C. This notice shall allow comments to be received in writing up to the close of business on May 31. Such comments should be addressed to the Nutrition Section Supervisor, Health Policy and Services Division, Department of Public Health and Human Services, Cogswell Building, PO Box 202951, Helena, MT 59620-2951.
- D. The Nutrition Section Supervisor shall receive and review each written comment and acknowledge receipt of same to the sender within 10 days of receipt. A record of comments received and acknowledged shall be included as an appendix in the final approved State WIC Plan.
- E. The Nutrition Section Supervisor shall incorporate such comments as deemed appropriate.

## **Targeting Benefits**

### **Purpose**

The state WIC agency will use outreach programs to reach potentially the most high risk participants.

### **Authority**

7CFR 247.4(5)(I) & (II)

7CFR 247.4 (a) (5) (I) & (II), (7) (18)

### **Policy**

It is the policy of the Montana WIC Program to provide WIC services to the most high risk participants. Outreach and advertising will focus on reaching high risk potentially eligible participants.

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## **Guidelines**

### **I. Introduction**

Outreach through networking with agencies, groups and individuals will be the preferred method of targeting benefits.

### **II. Methods of Targeting Benefits**

- A. The State WIC Agency will continue to seek out materials and work with agencies such as the Montana Perinatal Program (MIAMI Projects) and the Montana Coalition for Healthy Mothers/Healthy Babies to assure the early enrollment of high risk individuals into the WIC Program.
- B. The State WIC Agency will work cooperatively with the Montana WIC Medical Advisory Group to ensure professional recognition of the targeting of benefits.
- C. The State WIC Agency, recognizing the importance of Agency/Program cooperation, will continue to use available opportunities to educate other health professionals to WIC services and benefits.
- D. The State WIC Agency, along with the Local WIC Programs, will provide agencies, organizations and offices in the outreach network with materials describing WIC and its locations and the locations of agencies serving the homeless.

## **Monitoring**

### **Purpose**

The State WIC Agency monitors all local WIC Agencies to assure compliance with Federal Regulations and State Policies and Procedures, local program nutrition education plans, as well as evaluate program quality and provide assistance to facilitate program improvement.

### **Authority**

7CFR

### **Policy**

It is policy of the State WIC Agency to assure that all local agencies provide effective and quality program for clients.

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## **Procedures**

### **I. Introduction**

The State Agency staff will perform on-site reviews of all local programs biennially at a minimum of 25% of their clinics. These visits will determine compliance with Federal Regulations and State Policies and Procedures, local program nutrition education plans, as well as evaluate program quality and provide assistance to facilitate program improvement.

### **II. State Agency Responsibilities**

- A. The State Agency shall inform USDA of unresolved problems, delays or adverse conditions.
- B. The State Agency shall provide technical assistance and training to local programs when necessary and applicable for resolution of monitoring recommendations.
- C. State Agency staff, consisting of a Nutritionist and a Program Specialist, visits the local WIC program to review records with local WIC program staff.
- D. The Monitoring Worksheet sets forth the questions that will be used to review the WIC records.
- E. A schedule for the entire 12-month period of the Federal Fiscal Year will be prepared by October. This tentative schedule is based on past years experience in terms of weather and efficient use of travel time, however, it is subject to change. The needs and schedules of each local agency are usually accommodated.

**III. Federal Office Responsibilities**

The Regional Office of USDA will perform a management evaluation of the State WIC Agency as needed which includes on-site visits to a representative number of local programs.

**IV. Local Program Responsibilities**

- A. The local WIC program shall maintain the required records for each participant.
- B. The local WIC program records shall be available to State and Federal agencies for monitoring.
- C. The local WIC program shall respond and follow-up on recommendations made by the Federal or State WIC Agency as a result of a monitoring visit.

**V. Monitoring Procedures**

- A. The State Agency staff conducts an entrance interview with local WIC program personnel before the monitoring.
- B. A representative sampling of participant records is selected and reviewed.
- C. The State staff conducts an exit interview with the appropriate local WIC program staff and gives a verbal report of its findings. A discussion of improvement from past visits, resolutions of problems, non-compliance and/or revisions in procedures is appropriate during this interview.
- D. Within 30 days after the visit, a written report of the State WIC Agency's findings and recommendations are sent to:
  - 1. Local Health Officer/County Commissioners; and
  - 2. Local WIC program CPA and/or Program Manager.
- E. Within 30 days after receipt of the monitoring findings, the local WIC program shall respond in writing, with a plan of action stating how and when corrections, revisions or compliance have been or will be accomplished.
- F. If the local WIC program's corrective action plan is deemed appropriate, and no further actions for correction are needed, the State WIC Agency will acknowledge in writing that the local WIC program's response is acceptable.
- G. If major areas of concern remain uncorrected or are not addressed in the corrective action plan, a follow-up visit may be scheduled.

**VI. Nutrition Services Review**

- A. Local WIC program operations are evaluated for nutrition services compliance against current Federal and State regulations.
- B. Charts are reviewed and the environment and clinic procedures are observed.
- C. This visit also serves as an assessment by the State team of training needs of local staff.

**VII. Administrative Review**

- A. The administrative team member will review the client files for complete documentation of income and current Certification and Eligibility form; conduct a visual site review for space, security, privacy, etc.; and verify inventory.
- B. The administrative team member will also review original documents (timesheets/cards for WIC employees, telephone bill and how it is distributed among programs, bills for office supplies, rent, etc.). If rent is distributed among programs, written justification for the plan or method used will need to be available. A general guide is that the “paper trail” of expenses claimed must be easy and convenient to follow.

**VIII. Local Program Review of their Operations**

- A. Federal Regulations require that each WIC agency establish a system by which they review their own program operations and that of their satellites annually.
- B. The local WIC program may use the State’s Monitoring Checklist, a modification thereof, or a system which they develop to review their program operations.
- C. Local programs shall maintain results of their reviews on file for review by the State team during the biennial monitoring visit.

**IX. Local Program Review of State Agency Operations**

- A. Local WIC program staff complete the report. It is not necessary that this report be signed.
- B. Once each year, by September 1, the report is sent to the State Office. The State Office will summarize and send the results to local programs for their information. The State WIC Agency will also list how they will meet suggestions for improvement.
- C. This review helps the State Agency determine what services are needed by local programs.

**X. Attached Forms**

The Local Agency Monitoring Worksheet, Self-Monitoring Form, Evaluation of State WIC Agency Services and Participant Survey currently being used are attached at the end of this chapter.

We need your help and would like a few minutes of your time. Please answer the following questions. We will use the answers to improve our services to you. All answers will be kept confidential. **THANK YOU!**

3. When you use your WIC checks at the store, how are you treated? (describe, such as politely, rudely, etc.)

Comments: \_\_\_\_\_

If treated rudely, did you report it to the WIC Program? ☐ Yes ☐ No

Comments: \_\_\_\_\_

4. When you are at the WIC clinic, how have you been treated by the staff? (Describe, such as politely, rudely, etc.)

Comments: \_\_\_\_\_

If treated rudely, did you report it to the State WIC Office? ☐ Yes ☐ No

Comments: \_\_\_\_\_

5. I like to learn about nutrition from: (check all that apply)

- ☐ Pamphlets or other handouts
- ☐ Videos, films, or movies
- ☐ A group meeting
- ☐ Individual visits with a dietitian or nurse
- ☐ Bulletin boards or posters in the waiting room
- ☐ Newsletters from the local WIC office
- ☐ Recipe ideas
- ☐ Other suggestions: \_\_\_\_\_

6. Do you use the: (check all that apply)

- ☐ Nutrition information received verbally
- ☐ Recipe ideas
- ☐ Newsletters
- ☐ Handouts (example: pamphlets, booklets, or flyers)

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7. What topics would you like to learn more about (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> The Feeding Relationship               | <input type="checkbox"/> How to use WIC foods  |
| <input type="checkbox"/> Preventing feeding problems            | <input type="checkbox"/> Breastfeeding   |
| <input type="checkbox"/> Positive parenting                     | <input type="checkbox"/> Healthy teeth for happy smiles                                      |
| <input type="checkbox"/> How to plan meals, menus for my family | <input type="checkbox"/> Weight gain and pregnancy   |
| <input type="checkbox"/> (the feeding relationship              | <input type="checkbox"/> Baby bottle tooth decay   |
| <input type="checkbox"/> Keeping fit and eating right           | <input type="checkbox"/> Alcohol, drugs, and you   |
| <input type="checkbox"/> How to purchase foods                  | <input type="checkbox"/> Feeding your toddler  |
| <input type="checkbox"/> Budget meal planning                   | <input type="checkbox"/> Gardening   |
| <input type="checkbox"/> How to use leftovers                   | <input type="checkbox"/> Weaning your baby   |
| <input type="checkbox"/> Healthy snacks for kids                | <input type="checkbox"/> Other ideas   |
| <input type="checkbox"/> How to make soup                       | <input type="checkbox"/> Is your baby getting enough to eat? <b>(breast milk or formula)</b> |
| <input type="checkbox"/> Fast food and your diet                |  |
| <input type="checkbox"/> Building a healthy baby                |  |

8. I have been on the WIC program for years/months With WIC's help I have made the following changes in my family's health

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9. How can we improve the WIC program or the service provided to you?

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**Thank You. We will use this information to improve our services to you.**



Self-Monitoring Form

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**Program:** \_\_\_\_\_ **Monitoring Team:** \_\_\_\_\_

**Visit Date:** \_\_\_\_\_

Complete the following questions and return to the State Agency within 30 days (continue answers on another sheet if necessary). Answer questions for each clinic site your program serves.

1. Does the staff reflect the minority make-up of the population? If so, describe:  
\_\_\_\_\_  
\_\_\_\_\_
2. How is the participant's racial/ethnic category determined (visual, self ID, other)? 246.8 (a)(3).  
\_\_\_\_\_  
\_\_\_\_\_
3. If there is a significant number of limited English or non-English speaking participants, are adequate materials and translators available? Describe materials and translator arrangements.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Does the staff know the procedure for filing Civil Rights complaints? Have all your staff been trained and tested in Civil Rights? Describe how Civil Rights complaints are handled.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have any complaints of Civil Rights violations been filed against the agency since the last monitoring visit? If any, how did the local agency handle the complaint? When was it received? When was it passed to the state office?  
\_\_\_\_\_  
\_\_\_\_\_

- 
6. Describe how complaints regarding services received from WIC staff are handled:
- 
- 
- 
7. What complaints has the clinic received from participants about their treatment by food retailers? How are they handled?
- 
- 
- 
8. Does your clinic have a written disaster recovery and security plan for the WIC computer system? Attach a copy.
- 
- 
- 
9. Who evaluates the Beginning-of-Day and End-of-Day Reports? What do you do to evaluate the reports?
- 
- 
- 
10. Make a list and attach copies of all local agency WIC policies (if different from State Agency policy and Procedure Manual) being applied and enforced at this time (e.g., missed appointments, late appointments, follow-up on high risk, priorities for serving clients, tailoring food packages, etc.). Include a packet of examples of letters, forms, pamphlets and informational materials utilized by your program (do not include state developed/supplied materials).
- 
- 
-

11. Describe any changes implemented in the nutrition education process not described in your current Nutrition Education Plan.
- 
- 
- 
12. Where are you in achieving the goals of your Breastfeeding Education/Promotion/Support Plan? Describe.
- 
- 
- 
13. List the automated WIC system management reports your local agency uses and describe the purpose/situation. What additional reports would be helpful?
- 
- 
- 
14. How do you use the CDC Reports? Do you have questions about the information on them? Be specific.
- 
- 
- 
15. Print the management report - REFERRED FROM & TO SUMMARY - for the most recent month.
16. Are local agency staff aware of any participants living in homeless facilities? Is a shelter or homeless facility located in your service area? Have you contacted homeless facilities/shelters and food banks to inform them of WIC Services? List any contacted. Were any assessments made of the homeless facilities? **If so, include a copy of the assessment. WIC State Plan policy #5-5.**
- 
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17. Records Management:

Have any records been disposed of during the current fiscal year? \_\_\_\_\_

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What were they? How old/date range of items? \_\_\_\_\_

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Was this completed according to the schedule in the State Plan? 246.24(a)(2)

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18. Method of disposal? \_\_\_\_\_

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19. How have you advertised/publicized program benefits in the past year? 246.4(a)(7). Describe any activities your program has implemented or participated in to increase WIC participation.

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a. How are potential participants advised of program availability and eligibility standards?

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20. How close is/are the WIC Clinic(s) to adjunct health care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. Is/are the clinic(s) accessible to disabled participants? If not, what arrangements are made to serve disabled participants? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Are participants initially advised of available health and referral services and on a routine basis? 246.78(i)(4)  
\_\_\_\_\_  
\_\_\_\_\_
23. Is information on Food Stamps, Temporary Assistance for Needy Families (TANF, formerly AFDC), Medicaid and Child Support Enforcement offered to each applicant/participant?  
\_\_\_\_\_  
\_\_\_\_\_
24. Has the local agency provided all potential referral sources with written outreach materials? When was this last done? Identify programs. 246.4(a)(7)  
\_\_\_\_\_  
\_\_\_\_\_
25. Are materials describing the WIC Program with current locations, hours and phone numbers provided to other agencies?  
\_\_\_\_\_  
\_\_\_\_\_

26. Do you have a **MIAMI** Project in your area? \_\_\_\_\_ ☐ Yes ☐ no

a. Have any referrals been made to your **MIAMI** Project? If not, why? (check your Referred From & To Summary)

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b. If yes, how many WIC participants have been referred to the Project in the last 12 months?

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c. Who is your primary contact at the Project? \_\_\_\_\_

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27. Do you have a **FOLLOW-ME** Project in your area? ☐ Yes ☐ No

a. Have any referrals been made to your **FOLLOW-ME** project? **If no, why?**  
(check your Referred From & To Summary)

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b. If yes, how many WIC participants have been referred to the Project in the last 12 months?

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c. Who is your primary contact at the Project? \_\_\_\_\_

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28. Are high risk no-shows contacted for follow-up? Describe: \_\_\_\_\_

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29. Are certification no-shows contacted for follow-up? Describe: \_\_\_\_\_

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30. How do you handle out-of-state transfer participants? 246.7(j)

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31. Who explains the purpose of the WIC Program to the applicant?

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32. Do staff members review the participant rights/responsibilities with the applicants? 246.7(b)

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33. Who is responsible for determination of nutritional risk, nutritional screening, food package tailoring and follow-up of participant? Section 246.7(d) List name and title:

Nutritional Risk: \_\_\_\_\_

Nutritional Assessment: \_\_\_\_\_

Food Package Tailoring: \_\_\_\_\_

Follow-up Counseling: \_\_\_\_\_

34. Who develops the individual care plans? How? Describe the procedure: \_\_\_\_\_

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35. Are the feeding practices recommended by allied medical staff consistent with practices currently used by WIC (everyone giving the same education/advice, i.e., Breastfeeding encouraged and supported; no solids for infants until 4-6 months, etc)?

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36. How are nutrition education contacts scheduled for infants certified until their first birthday 246.11(e)(2)?

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37. Are instructions for the proper use of food instruments reviewed with new participants? 246.12(q)

Who is responsible for this instruction?

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38. Are clients asked for their ID packet(s) before processing (issuing) food instruments?

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39. Have you denied food instruments to participants that fail to attend or participate in nutrition education activities or who do not have current immunizations? 246.11(a)(2) Have you been requested by any other agency to deny food benefits? \_\_\_\_\_

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40. What is the procedure if someone becomes ineligible during a certification period? Describe:

Over income: \_\_\_\_\_

Stopped breastfeeding mid-cert: \_\_\_\_\_

Guilty of program abuse: \_\_\_\_\_

Etc.: \_\_\_\_\_

41. Is any WIC staff member or immediate family member also a WIC participant? How is certification and food instrument issuance handled for staff or immediate family members?

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42. What problems do you have with the WIC food package(s)? Be specific.

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43. What is done for WIC participants who are allergic to WIC foods? What is done for milk-intolerant infants and children? Describe.

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44. Are food instrument inventory records maintained by personnel independent of issuance personnel?

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45. List any amendments, such as additions, deletions or clarifications, to the State Policy and Procedure Manuals you would recommend. **Be specific.**

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ADDITIONAL COMMENTS: (use additional sheets if necessary)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MONTANA WIC PROGRAM**  
**EVALUATION OF STATE WIC AGENCY SERVICES**

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**WIC CLINIC** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSTRUCTIONS:** Please complete this form and return it to the State WIC office by **September 30 (yearly).**

Give a specific example when referring to a problem and your recommendation(s) for a solution. Confine your comments to the events in the past twelve months and use additional sheets of paper as necessary. NOTE: This form should be given to all WIC staff members in your agency.

**I. Caseload Management Services**

- A. I have received adequate assistance from State staff in managing my program's caseload.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- B. My questions about caseload management have been answered promptly and satisfactorily. \_\_\_\_\_

\_\_\_\_\_

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

## II. Financial Management Services

A. I have received adequate assistance from State staff in managing my program's budget and expenses.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

B. My questions about financial management have been answered promptly and satisfactorily. \_\_\_\_\_

\_\_\_\_\_

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

C. My questions about interpretation and utilization of financial reporting forms have been answered promptly and satisfactorily. \_\_\_\_\_

\_\_\_\_\_

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

### III. Nutrition Services

A. I have received adequate assistance from State staff in managing my program's nutrition education component. (The Nutrition Education Plan, Breastfeeding Education Plan, The Outreach/Referral Plan, Breastfeeding Promotion and Support Plan, Nutrition Education resources/materials.)

☐ Yes

☐ No

Comments: \_\_\_\_\_

B. My questions about nutrition services have been answered promptly and satisfactorily.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

C. My questions about interpretations of nutrition education, screening, nutrition risk codes, food packages and data reporting have been answered promptly and satisfactorily.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

D. The nutrition education materials provided by the State staff are useful and meet the needs of my participants.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

**IV. Retailer Management Services**

- A. My questions about retailers have been answered promptly and satisfactorily.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- B. My questions about interpretation and utilization of retailer data reporting have been answered promptly and satisfactorily.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

**V. Information Services**

- A. The technical assistance provided by the State staff meets my needs.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- B. Problems are solved quickly and efficiently? **OR** If problems cannot be solved right away, are they ☐ Yes ☐ No  
resolved in a reasonable time period? ☐ Yes ☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- C. Are technical assistance staff attentive enough ? ☐ Yes ☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

**VI. General Operational Services**

- A. The most recent assessment of my program by State staff (on-site monitoring visit) was fair.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- B. Some of the forms we use could be made better (please give specific recommendations).

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- C. My orders for forms are filled promptly.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- D. My telephone calls to the State office are returned promptly.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- E. Written information from the State office (memos, policy statements, letters, etc.) is clear, concise and understandable.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- F. There are too many or not enough (circle one) written documents sent to me by the State office.

Comments: \_\_\_\_\_

\_\_\_\_\_

G. The state plan is thorough and easy to follow. ☐ Yes ☐ No

H. I think the State staff listens to my needs and concerns and responds adequately.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

I. I have received conflicting information from State staff.

☐ Yes (give specific examples)

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

J. The State staff are never/usually/sometimes/always (circle one) courteous in their communications with me.

Comments: \_\_\_\_\_

\_\_\_\_\_

K. The training and continuing education provided by State staff meets my needs for working in WIC.

☐ Yes

☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

L. In what areas would you like to have training?

Comments: \_\_\_\_\_

\_\_\_\_\_

**OTHER COMMENTS/SUGGESTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you. We will use the information you provide to improve our services to you.**